MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 CATE OF DEATH

8641	CERTIFIC
PLACE OF DEATH o. COUNTY	MARYLANG
Allegany	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give reporat form)	c. LENGTH OF STAY IN 18

0033				Reg. D	ist. No:	,
1. PLACE OF DEATH o. COUNTY		2. USUAL RESIDENCE (Who			nce before adm	ission)
. Allegany	MARYLAND	Maryl		L. COUNTY	legany	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	LENGTH OF STAY IN 16	c. CITY OR TOWN (IF or				
d NAME OF HOSPITAL HE not in hospital give street and	desert	d. STREET ADDRESS	urg		10 D	cerperice
d. NAME OF HOSPITAL III not in hospital, give street ad OR INSTITUTION Home Frostbury		Box 28	6		ON	ESIDENCE A FARM?
3. NAME OF First	Middle	Last	4. DATE	Month	Day	Year
OECEASED (Type or print) Mable	West	Arnold	OF DEATH	Aug.	75	1967
		B. DATE OF BIRTH	9. AG		TYEAR IF UN	
Female White WIDOWED	_	April.10,1	885 7	birthday) Months	Days Hour	Min.
100. USUAL OCCUPATION (Give kind of work done 10b. KI	ND OF BUSINESS OR INDUS				TIZEN OF WHA	T COUNTRY
Home Keeper	Home	New Cree	I W TO		U.S.A	
13. FATHER'S NAME	10110	14. MOTHER'S MAIDEN N			0 0 0 0 12	. •
_Zachariah Arnold		Anna Say	lor			
	CIAL SECURITY NO. 17. II	NFORMANT		Address		
200	one N	ancy Parker	Arnold	Frost	burg.M	d.
18. CAUSE OF DEATH [Enter only one cause per line PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gove rise to immediate couse (o), stoling the under- lying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CO	cinoma c	(Sister	ena/	DITION CIVEN NAME OF	INTERVAL ONSET AN	D DEATH
5 arte	reo-scl	erosei			PERI	ORMED?
	BE HOW INJURY OCCURRED	D: (Enter nature of injury in P	art I or Part II of i	tem 18.)		
20c. TIME OF INJURY Month, Day, Year 20d. INJU Hour o. n. 19 While p, m. 19 at work	Not while foo	ACE OF INJURY (Home, farm, story, street, office bldg., etc.)		vn) (County)	(Slate)
21. I certify that I attended the deceased alive an Sufficient Signature Signature Harold C. Dieh	(, and that death	A	M, from the cookess (Street, ci		he date sta	
220. BURIAL, CREMATION, 226. DATE THEREOF	22c. NAME OF CEMETERY OF	R CREMATORY		City, town, or county)		ote)
REMOVAL (Specify) 8-18-61	Dulling Ce		Kevser	.W.Va.	,	
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	V		246. REGISTRAR'S SI	GNATURE	
Thomas A Knother	Herecell		e e 101		w .	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be relatively by the hospital of attending physician.

TO FUNERAL COR: After the principle of the principle of the physician of the physician and camp of filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 mould be filled with the registrar prior to burial, cremation, or removal, and in any event within 72 haurs after death.

VS A15 (4) 15M 9/55

the second of SHOW I A SHOULD SHOW IN THE RESTORATION OF THE PARTY OF T The transfer of the second section of the section of the

DIVISION OF STATISTICAL RESEARCH AND PRESTON STREET, BALTIMORE 1, MARYLAND OF DEATH funeral I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before admission) a. COUNTY a. STATE b. COUNTY ALLEGANY 1 5 T MARYLAND and b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town) by write RURAL and give nearest town) CUMBERLAND RT. #2. CUMBERLAND d. NAME OF d. STREET ADDRESS hours BALTIMORE PIKE pietely papers. 3. NAME OF 4. DATE Middle Lest DECEASED OF (Type or print) DEATH BABY BOY ATKINSON 6. COLOR OR RACE 7. MARRIED NEVER MARRIED X 5. SEX 8. DATE OF BIRTH MALE WIDOWED DIVORCED AUGUST 21,1961 physician 10a. USUAL OCCUPATION (Give kind of work 10b, KIND OF BUSINESS OR INDUSTRY remove BIRTHPLACE (County & Stete, or foraign country) done during most of working life, even if relired) CUMBERLAND, MD. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME attending ple HARRY W. ATKI NSON LOIS V. MILLER Then 16. SOCIAL SECURITY NO. 17. INFORMANT removal, (Yas, no, or unkown) | (Ifyasgive war or datas of service) MEMORIAL HOSPITAL - CUMBERLAND, MD MITERVAL BETWEEN signed by the 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) burial-transit DUE TO aftending Conditions, if any, which peen (b) gava risa to immadiata causa DUE TO (a), staling the underlying has cause last. the 6 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY certificate 20 use CERTIFI 200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part II or Part II of itam 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) this peq 20c. TIME OF INJURY 20d. INJURY OCCURRED I 20s. PLACE OF INJURY (Home, farm, ! 20f. (City or town) Month, Day, Year factory, straat, office bldg., etc.) Whila Not While Hour a.m. at work at work p.m 21. | certify that (i) (this hospital) attended the deceased from... saw the deceased alive on..... DIREC 22a. SIGNATURE ATTENDING . DIRECTOR PHYS. PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type Path. Pag ROYCE HODGES iractor, I 23c. NAME OF CEMETERY OR CREMATORY DATE THEREOF 238. BURIAL, CREMATION. | 23b. REMOVAL (Specify) ÷ 3 0 Hospita ym berland H ADDRESS 25a. REC'D BY REGISTRAR 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) AUG 2 4 '61 DATE

MARYLAND STATE DEPARTMENT OF HEALTH

a. IS RESIDENCE ON A FARM? YES NO Yaar Month Day AUGUST 21 IF UNDER 24 HRS last birthday! Days Hours 12. CITIZEN OF WHAT COUNTRY U. S. A. Addrass ONSET AND DEATH PERFORMED? NO T (County) (Stata) 22b. DATE SIGNED 122 S. CENTRE ST., CUMBERLAND, MD. 23d. LOCATION (City, fown or county) 256. REGISTRAR'S SIGNATUR Chilling & thous

ALLEGANY

15M 9/60

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CAMERDADO SE TO MIN OF SET S CONSERVAND E DIAL A MENTE AND. PERSONAL PROPERTY. Y08 Y8/4 1301.15 TEURO/ LAN WILL LANDS LOIS V. MELLER HORSELECT . IN THIS SELECTION THERE MOSELLY " TO SUIT WATER

EPRON ENGR. W. TO

TREE WHILE TO BE WIND TO THE

recorded to be a superior of the second of t

STO STOLLAND

1 17 6 18

115 37 214

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FOR STATE HEALTH DEPT.

if any delay is necessary, please the funeral director. Page relained to your files. The State Board of Health, his certificate should be executed within 24 hours after death. If word "pending" is pending them, 18. Give Pages 1, 2, and 3 if Medical Examiner's Office advang with from PM3, Page 5 mobiled be used as a buriol-transity permit. File pages I and 2 w buriol, cremation, or removal, and in any event within 72 hours execute the stifficate, willing he 4 should the Cowarded to the CTO FUNERAL DIRECTOR: Page 3 or its designated agent, prior to TO DEPUTY CEDICAL EXAMINER

VS. ATSME 5M 2/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 8643

08637 Reg. Dist. No.

								11091		
PLACE OF DEATH	Allegany		MARYL	- 11	O. STATE Mal	E (Where deced ryland	sed lived. If instit b. COUN		legar	
and give negrest tow	or land.	RURAL C.	LENGTH OF STAY IN	1 1b	W. F		porote limits, write berland		ive neares	(town)
d. NAME OF HOSPI	Memorial				d. STREET ADDRES	SS			(S RESIDENCE
3. NAME OF DECEASED {Type or print}	Russe		Middle		Bible	4: DATE OF DEATH	August	th 24	Doy	Yeor 19 61
5. SEX Male	6. COLOR OR RACE	7. MARRIED WIDOWED		- 14	TE OF BIRTH	1904	9. AGE (In years loss hiday)		YEAR IF U	NDER 24 HRS.
during most of work Route Sa	ION (Give kind of work ding life, even if retired) 1 e sman	Tea	of Business or in	DUSTRY	11. BIRTHPLACE (SI	tole or foreign			-	AT COUNTRY?
13. FATHER'S NAME Jobe 1	Bible			14.	MOTHER'S MAIDE	N NAME Harm	o n			
15. WAS DECEASED E	VER IN U. S. ARMED FOR Ill yes, give war at dates of a	ervice)	-10-7206	Mrs.	Pearl	Bible	Address		erla	nd. Me
	ATH [Enter only one count ATH WAS CAUSED BY: IMMEDIATE CAUSE (a) ONE TO		(o), (b), ond (c). } DRONARY	OCCL	USION				SUI	DE N
Conditions, if gove rise to imme (a), stating the couse tast.	ediate cause		CORONARY	SC	LEROSIS					
CATIC	THER SIGNIFICANT COND	OITIONS CONTI	RIBUTING TO DEATH	TON TUB	RELATED TO THE TE	RMINAL DISEA	SE CONDITION GI	VEN IN PART 1		REORMED?
	ONTRIBUTING []	DESCRIBE HO	DW INJURY OCCURR	ED. (Enter	nature of injury in	Port I or Port I	l of item 18.}			
20c. TIME OF INJU		20d. INJU While of work [Not while	factory,	F INJURY (Home, I street, affice bldg.,	form. 20f. (Cit	y or town)	(Count	γ)	(Slote)
	that I taok charge n resulted from: N						_		Carry.	and in my
ACTUAL SIGNATURE_	Benedict	- DR	tarelie	<u>/</u> M.	D. CHIEF MEDICAL	_			DAT	IE SIGNED
	BENEDICT S		ELIC, M.		DEPUTY MEDIC		ATION (City, lown,	August	•	1961
Burial	8/27/61		Mt. Herma		emetery	Nr.	Cumber	land,	Md.	
23. FUNERAL DIRECTO	ne George	Cumb		Md.	24o. R	AUG 2		Cluthun 1		

HYARO TO STALIPHOND STEMMANS INSIGHA TANDS · - Lauley 1 22 1 1 - 3 The state of the s A STATE OF THE PARTY OF THE PAR Employed a service of the service of A STATE OF THE PROPERTY OF THE STATE OF THE

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARXIAND 8644 CERTIFICATE OF DEATH CERTIFICATE OF DEATH

1. PLACE OF DEATH			E (Whare dacaasad livad, li		idence batora admission)
	MARYLAND	a. STATE	ь, cou /land	E 49 49	egany
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest lown)	LENGTH OF STAY IN 16		outside corporata limits, wri		
Cumberland	3davs	Cumi	perland		
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital	i, give streef address)	d. STREET ADDRESS	1100		. IS RESIDENCE
		hann at 1			YES NO
Sacred H eart Hospital			anic Street		
3. NAME OF First	Middle	Last	4. DATE Mon	th	Day Year
(Type or print)	A D	rode	DEATH Augus	st 20.	196T
5. SEX 6. COLOR OR RACE 7. MARRIED	ET NEVER MADRIED TO 8	DATE OF BIRTH	9. AGE (In year	HE UNDER 1 YE	AR IF UNDER 24 HRS.
			lest birthday)	Months Da	ys Hours Min.
Manale White WIDOWED		Nov. 24, 189			
10e. USUAT OCCUPATION (Give kind of work done during most of working life, even if relired)	OF BUSINESS OR INDUSTR	11. BIRTHPLACE (Count	ly & State, or foreign country	12. CITIZE	N OF WHAT COUNTRY?
		Manuel and		II.	c.
HOUSEWIFE		14. MOTHER'S MAIDEN	NAME	(((a)	0.
104 101111111 0 11111111		14, July Hills o Minimum	. 1		
John R. Nee (D)		Lucy	O'Donnell		
	CIAL SECURITY NO. 17. 1	NFORMANT	Addres	is	
(Yas, no, or unkown) (Ifyas giva war or datas of service)		Pt's chart			
18. CRUSE OF DEATH (Enter only one cause per line	4 (-) (b) 2 (-) 1	Pt's chare		1	INTERVAL BETWEEN
		_			ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) left v	entrcular fai	lure			24 hrs.
420.1 DUE TO					
	posterior my	wardial infa	retion		3 days
Conditions, if any, which (b) acute	bos certor my	verdrar ring	1001011		7 44,5
(a), stating the underlying > DUE TO					
causa fast. (c) MVOCAT	dial fibrosis	coronary	arterioscler	osis	?
					m) 19. WAS AUTOPSY
[2]					PERFORMED?
[5]					YES NO 1
PART II. OTHER SIGNIFICANT CONDITIONS CONTR	BE HOW INJURY OCCURED.	. (Entar nature of injury in I	Part I or Part (I of Sam 18.)		
20c. TIME OF INJURY Month, Day, Year 20d. INJ	URY OCCURRED 20a. PLA	CE OF INJURY (Homa, farm	20f. (City or lown)	(County	(State)
□ Hour a.m. Whila		ory, streat, offica bldg., atc.			
21. I certify that (I) (this hospital) attended	d the deceased from	lugust 17	1961 to August		, that (I) (we) last
saw the deceased alive on August 20,	40 61	7:	15PM		deternited above
	19, and Inar	death occured att	avi, from the causes	and on the	
226. SIGNATURE		ATTENDING A	AED. STAFF		22b. DATE SIGNED
Municipalisa	ALL M		RECTOR PHYS.		
226. PHYSICIAN'S		22d. ADDRESS			
NAME (Type)		70 -		22	ne d
238. BURIAL, CREMATION, 23b. DATE THEREOF 2	9.		ing St. Cumbe		(Siata)
REMOVAL (Specific) 23b. DATE THEREOF	3c. NAME OF CEMETERY	DR-SREMATORY /	238. LOCATION (City, I	own or county)	(Siaia)
Purial 0/23/6/	the left of	Jankon	Muntierta	vel,	mex.
24 FUNERAL DIRECTOR'S SIGNATURE	ADDRESS A	2Sa. REC	D BY REGISTRAR 256. R	EGISTRAR'S SIC	GNATURE
John J. Holes	unt. W	DATE ALL	6 2 8 '61	71 0	
- Comment of the comm	- · · ·	I NAME OF STREET		Intlung of	texts4

The second color of the second Total & store West Miles - Juneary

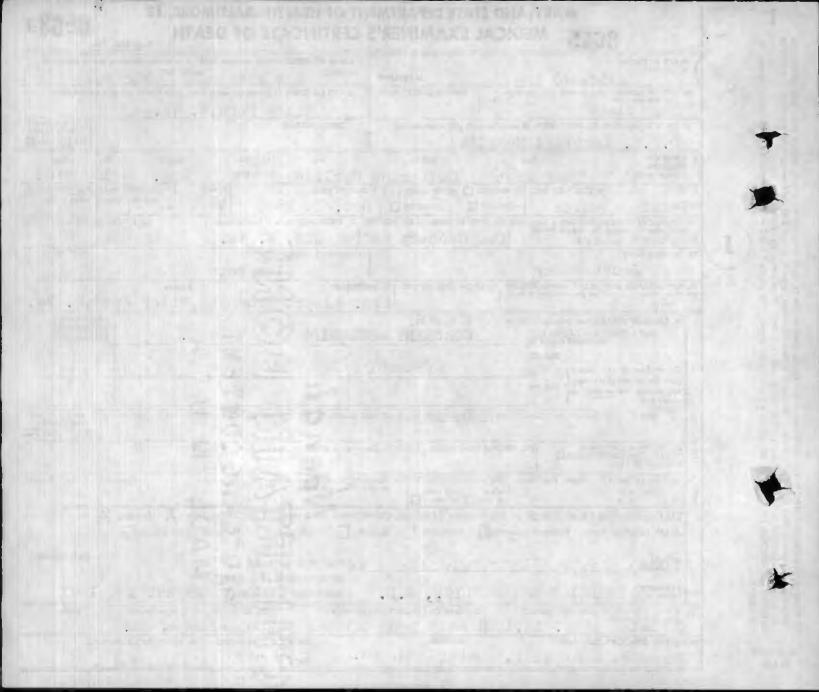
VS. A15ME(5) 5M 9/5S

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

08639

Reg. Dist. No.

PLACE OF DEATH O. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission)						
Allegany MARYLANI	o. STATE West Virginia COUNTY Mineral						
b. CITY OR TOWN (If outside corporate limits, write BURAL and give necrest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn)						
Cumberland	Wiley Ford, W. Va. 15x 3						
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS e. IS RESIDENCE ON A FARM?						
D.O.A. Memorial Hospital	YES NO 🔀						
3. NAME OF First Middle DECEASED	Last 4. DATE Month Day Year						
(Type or print) Margaret Catherin	e Carlile DEATH Aug. 12 1961						
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	lost birthday) Mantha David Maure Min						
Female White WIDOWED DIVORCED	Dec. 27, 1888 / 18 yrs.						
10a. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDU during most of working life, even if retired)							
Retired Clerk Own Grocery S	tore Rio, W. Va. USA						
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME						
Jacob Baker	Elizabeth ???						
(Yes, no, or unknown) Iff yes, give wor or dates of service)	INFORMANT Address						
no	rs. Albert Browning, Wiley Ford, W. Va.						
18. CAUSE OF DEATH [Enter only one cause per line far (a), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH						
PART I. DEATH WAS CAUSED BY: COR ON ARY OCCLUSION SUDDEN							
4 3 0 1 DUE TO							
Conditions, if any, which) (b) CORONARY SCLEROSIS							
gove rise to immediate cause (a) stating the underlying DUE TO							
couse lost. (c)							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?						
TAT	YES NO AND						
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT OF CAUSE WAS PRIMARY OF CONTRIBUTING CONTRIBUTING CAUSE OF DEATH.	(Enter nature of injury in Part 1 or Part 11 of item 18.)						
2	LACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) scrory, street, affice bldg., etc.)						
Haur a. m. P. m. 19 at work at wark	oldi), siringi), without somegi many						
21. 1 certify that I taak charge af the remains described at	pave, held an Autopsy 🔲, Inspection 🔼, Inquiry 🔼, and find that						
death resulted fram: Natural causes X, Accident , 5	uicide , Homicide , Undetermined cause .						
SIGNATURE General Skitarely	M.D. CHIEF MEDICAL EXAMINER						
	ASSISTANT MEDICAL EXAMINER						
EXAMINER'S BENEDICT SKITARELIC?, M.D.	DEPUTY MEDICAL EXAMINER A August 12, 1961						
220. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY	22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote)						
Burlar Aug. 16,1961 Rest Lawr	Gardens Cumberland, Md.						
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE							
James F. Scarpelli, Cumberland,	Md. DATE 16'61 CILLING &						



DIVISION OF STATISTICAL RESEARCH AND PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admiss on) a. COUNTY b. COUNTY Allegany MARYLAND Allegany b. CITY OR TOWN (if outside corporate .im ts, . c. LENGTH OF STAY IN 16 c CITY OR TOWN (I outside corporete amits, write RURAL end give neerest town) write RURAL and give neerest town) Frostburg 12 Days
d. NAME OF HOSPITAL OR INSTITUTION (If not In hospital, give street address) Frostburg d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Miners Hospital YES NO Y W. Mechanic 3. NAME OF M ddle 4. DATE DECEASED OF (Type or print) DEATH Clark Ruben Charles " August 29th 6 COLOR OR RACE 7, MARRIED NEVER MARRIED | B. DATE OF BIRTH last birthdey) Months Devs Hours Male White WIDOWED -DIVORCED | March 21st,1904 10e. USUAL OCCUPATION (Give kind of work 10b, KIND OF BUS NESS OR INDUSTRY, 11, BIRTHPLACE (County & State, or fore an country) 12. CITIZEN OF WHAT COUNTRY? done during most of warking life, even if retired) Dept.F'bg. Maryland USA Street Laborer 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Bessie Clark Unknown 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16 SOCIAL SECURITY NO. 17, INFORMANT Address 120 W.Mechanic (Yes, no, or unkown) (Hyes give wer or detes of service) Frostburg, Mrs. Edna Clark. 217-10-1617 18. CAUSE OF DEATH (Enter only one cause per line for (e), (b), and (c), ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO (a), stating the underlying cousa lost. PART II. OTHER SIGNIF CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO/THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? NO 20a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Pert I of Iem 18.) 20c. TIME OF INJURY 20d. INJURY OCCURRED 2De. PLACE OF INJURY (Home, farm 20f. (City or town) (County) (Stete) fectory, street, office bldg., etc.) While Not While jat work 21. [certify that () (this hospital) attended the deceased from. Mil for but of saw the deceased alive on., 22e. SIGNATURE DATE 5 GMED DIRECTOR PHYS. 22c. PHYSICIAN'S 22d. ADDRESS eath. Rothstein. Broadway, Frostburg, 23a. BURIAL, CREMATION, 23b DATE THEREOF 123c. NAME OF CEMETERY OR CREMATORY 1.23d. LOCATION (City, fown or county). REMOVAL (Specify) 0:5% Burlal F'bg.Memorial Park Frostburg, Md. 24 FUNERAL DIRECTOR'S SIGNIATURE **ADDRESS** 250, REC'D BY REGISTRAR 256, REGISTRAR'S SIGNATURE VR A15 (4) 15M 9/60 C. Thung S. Thous Frostburg, Md.

ARYLAND STATE DEPARTMENT OF HEALTH



HEALTH DEP

director, Page or your files.

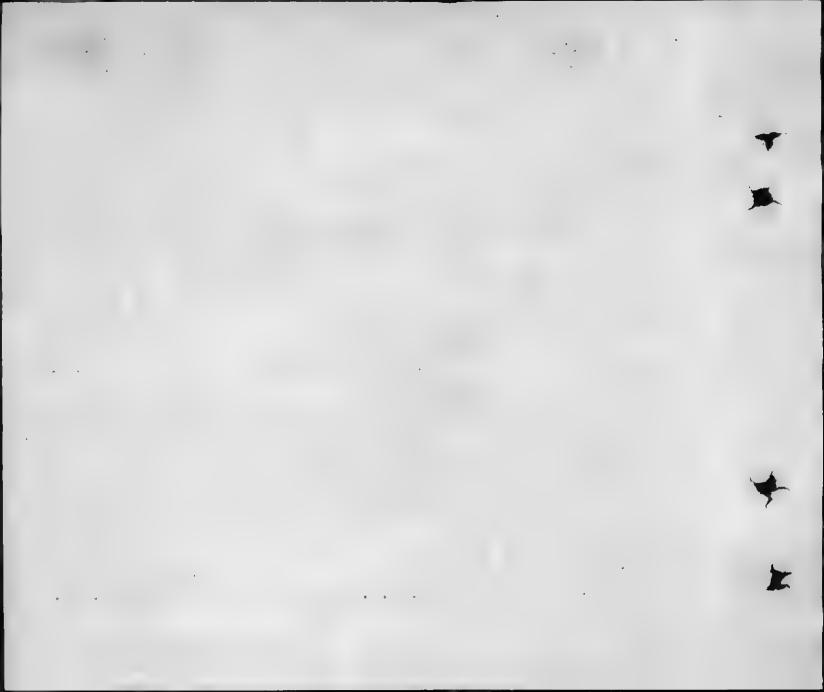
INER: This certificate should be executed within 24 hours after dering the word "pending" in pencil in Item 18. Give Pages 1, 2, an nief Medical Examiner's Office along with form IM3. Page 5 m ge-3 should be used as a burial-transit permit file pages 1 and 2'w burial, cremation, or removal, and in any event within 72 hours. please e see 3 line certificate, 4 should be forwarded to the TO FUNERAL DIRECTOR: Pagor its designated agent, prior to MEDICAL EXAM

TO DEPU VS. AISME SM 9160

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH negat

г		0.07		
i.		PLACE OF DEATH OUS	2. USUAL RESIDENCE (Where decaased I'v a, STATE	ed, If Institutions Residence before edmission) COUNTY
		ALLEGANY MARYLAND	W. VA.	MINERAL
1)	ŀ	b. CITY OR TOWN (if outside corporela limits, c. LENGTH OF STAY IN 1b write RURAL and give neerest town)	c. CITY OR TOWN (Foutside corporate fimite	
		CUMBERIAND NAME OF HOSPITAL OR INSTITUTION ('I not in hospital, give street address)	d. STREET ADDRESS	RIDGELEY, W. VA.
, 1	1	1. NAME OF HOSPITAL OK INSTITUTION (F Not In hospital, give site of address)		IS RESIDENCE ON A FARM?
	4	DOA MEMORIAL HOSPITAL	135 MAIN STREET	YES NO A
	1	NAME OF First Midd.e	OF	Month Day Year
		(Type or print) WILLIAM FOREST CLARK		AUG. 21 19 61
_	5.	7. MACHED [24] NEVER MARKIED	DATE OF BIRTH 9. AGE (In lest birth	years IF UNDER 1 YEAR IF UNDER 24 HRS
		MALE WHITE WIDOWED DIVORCED S	THE T * TO * TO ! A	yrs. Marinas Days Hours Mills
		. USUAL OCCUPATION (G ve kind of work 10b, K ND OF BUSINESS OR INDUSTRING during most of working life, aven if retired)	Y 11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
	RE	ET. BOILERMAKER RAILROAD	MARYLAND	USA
	13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME	_
		WILLIAM H. CLARK	HANNAH POLAND	
ı		WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. I		ddress
	,	10000000	EDERICK T. CLARK KEY	SER. W.VA.
	Ī	18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).]	minimum in	INTERVAL BETWEEN
		PART I. DEATH WAS CAUSED BY: CORONARY C	CCLUSION	SUDDEN
		43 DUE TO	•	
_		Conditions, if any, which \ (b) CORONARY	SCLEROSIS	
		gove rise to immediate cause		_
		(e), stating the undarlying cause lest.		
	z	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL DISEASE CONDITIO	
	CERTIFICATION			PERFORMED?
	IFIC.	20a EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (E	inter nature of injury In Part I or Part II of Item 18.)	1.00
-	CERT	PRIMARY or CONTRIBUTING CAUSE OF DEATH.		
	4	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED ' 20a. PLA	CE OF INJURY (Home, farm, * 20f (City or town)	(County) (Stete)
	MEDICAL		ary, street, office bldg., etc.)	
	~	21. I certify that I took charge of the remains described above, he	Id an Autopsy , Inspection X. 1	nquiry X, and in my opinion
H.		death resulted from: Natural causes Accident . Suici		ed manner
1		death leading from Manual causes M. Accident	CHIEF MEDICAL EXAMINER	
	~	ACTUAL B. I. + Sh + I'	ASSISTANT MEDICAL EXAMINER	DATE SIGNED
		SIGNATURE COMMENCE STUDENTIAL	_ M D	ugust 21, 1961
		EXAMINER'S NAME (Type) BENEDICT SKITARELIC, M.D.		
	22e.		CREMATORY 22d. LOCATION (City,	
		REMOVAL (Spacify)		
1	23.	BURIAL AUF. 24,1961 'HILL CREST BU	RIAL PARK CUMBERLAN	PREGISTRAR'S SIGNATURE
1	201	BYRON KIGHT CUMBERLAND, MD.	DATE AUG 2 8 '61	Cilma & through
1		1100	DATE MOU - V	





MARYLAND STATE DEPARTMENT OF HEALTH

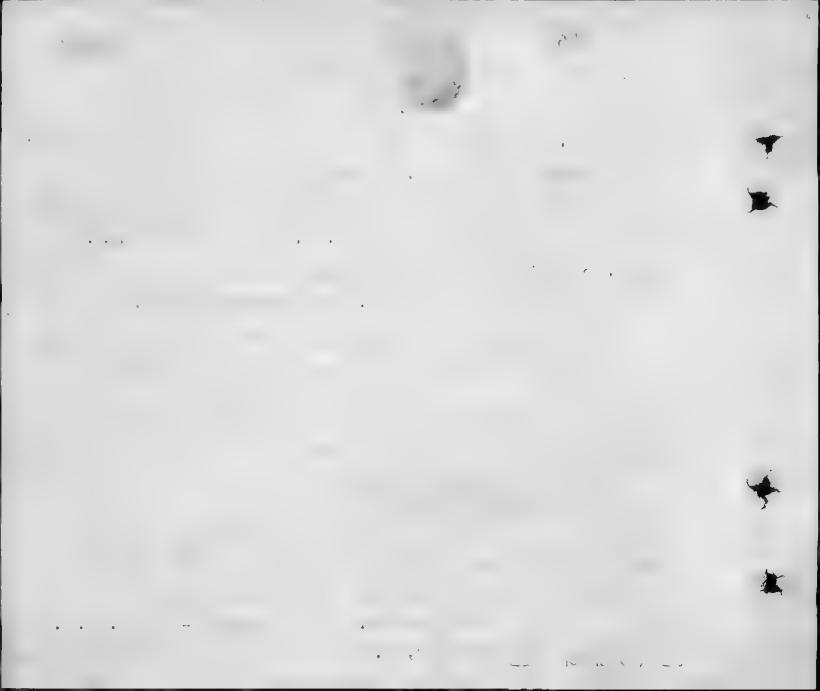
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE I, MARYLAND (1) & 6.43 (1) & 6.43 08643

		PLACE OF DEATH		. USUAL RESIDENCE (Where de		nca before admission)
Γ	\ '	ALLEGANY	MARYLAND	a, STATE W.VA.	b. COUNTY	1
Ц)—	b. CITY OR TOWN (if outside corporate I mits,	c. LENGTH OF STAY N 15	c CITY OR TOWN (if autside corpo	prate limits, write RURAL and give	nearasi lown)
1		R IDGELEY, W. VA	6 HDS SOMINI	RIDGELEY, W.VA		
		d. NAME OF WORTHAR INSUSTINT WIND IN HOSP	tal, give street eddress	d STREET ADDRESS	,,	, a. IS RES DENCE
	2	MEMORIAL &WARWICK AVE.		RT#I,	L	ON A FARM?
		NAME OF First	Middle	last 4, DATE	Month Dey	Year
		DECEASED (Type or print) BABY BOY	CRIDER	OF DEATH	AUGUST 14	1961
-	5	SEX 6 COLOR OR RACE 7. MARRIED	NEVER MARRIED TO 8.	DATE OF BIRTH 9.	AGE (In years IF UNDER 1 YEAR	IF UNDER 24 HRS.
		MALE WHITE WIDOWED		AUGUST 14,1961	last birthday) Months Days	Homs M20
		. USUAL OCCUPATION (Give kind of work 10b. KIN	D OF BUS NESS OR INDUSTRY	11 BIRTHPLACE (County & State, or	for) gn country) 12 CITIZEN (OF WHAT COUNTRY?
		Setting most of victoring ine, prentil femous		CUMBERLAND, M	U.S.A	
	13.	FATHER'S NAME		4. MOTHER'S MAIDEN NAME		
		CURTIS M. CRIDER		BETTY J. MILLE	R	
	15, (Ya	WAS DECEASED EVER IN J.S. ARMED FORCES? 16. S s, no, or unkown) (liyes give war or datas of service)	OCIAL SECURITY NO. 17 1N	FORMANT	Addrass	_
	(as not or annowity (in you give was or distributions)	MEMO	RIAL HOSPITAL, CUI	AREDIAND MD	
		18. CAUSE OF DEATH [Enter only one cause per I n	e for (a), (b), and (c)	13 2	- 114	TERVAL BETWEEN
		PART I. DEATH WAS CAUSED BY:	pinton	Garline		//11/29
		DUE TO		,	11	- 600 pu
		Conditions, if any, which \ (b)	winter / M	scoreing Alle	2 Aureles	Deed
		gava risa to immadiate causa	iceactory !	1		
		(a), stating the underlying Course last.		U		
	z	PART II. OTHER SIGNIFICANT CONDITIONS CONT	RIBUTING TO DEATH BUT NOT	RELATED TO THE TERMINAL DISEASE	CONDITION GIVEN IN PART I(a)	19. WAS AUTOPSY
	FICATION					YES NO 1
)	5	208. ACCIDENT WAS UNDERLYING [] 206. DESC	BIRE HOW INLIBY OCCUPED (Enter nature of in uny in Part I or Part II	of tem 18.)	Ita E No []
	CERT	OR CONTRIBUTING CAUSE OF DEATH	and the state of the state of			
	MEDICAL			OF INJURY Home, farm, 20f. (City	or town) (County)	(State)
	AED!	Hour a.m. While p.m. 19 af work	Not While tacion	r, streat, offica bldg., etc.)		
		21. certify that (I) (this hospital) altend	ed the deceased from	14/10 /Und	19,	that (I) (we) last
		saw the deceased alive on	-1 / 1 /	eath occured a 1.10R. Mom		
		22 SIGNA 1	7, 310 113	oam occaroa agazzari, oncar		22b. DATE
		Jalan / MX m	com Mo	ATTENDING MED PHYS. DIRECTOR	STAFF PHYS.	SIGNED
		ZZc. PHYSICIAN'S		22d, ADDRESS		~
		NAME (Type) DR. LELAND F	RANSOM	63 GREENE ST.	, CUMBERLAND, MD.	
		SURIAL, CREMATION, 236. DATE THEREOF	230 NAME OF CHAFTERY OF	CREMATORY 230 LOCA	ATION (C ty, town or county)	(State)
	1	REMOVAL (Spacify) 8/15/6/	KealLown	(em /year	rharbores	mx
)	24	FUNERAD DIRECTOR'S SIGNATURE	ADDRESS /	250, REC'D BY REGIST	RAR 256. REGISTRAR'S SIGNA	ATURE
		Laves Hom Inc	Jumbe 1/1	DATE AUG 17	'61 arthur 8 ;	King
	يكيا	January Comment	- 1.			



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W, PRESTON STREET, BALTIMORE 1, MARYLAND 8650 CERTIFICATE OF DEATH funeral should 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institutions Residence before edmission) a. COUNTY b. ATTE gany Allegany a. STATE Md. 루다. MARYLAND by it and and death b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL end give neerest town) Westernport 2 Yrs. Westernport d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress) . IS RESIDENCE d. STREET ADDRESS ON A FARM? 121 Jamesson 121 Jamesson St. YES NO A executed 3. NAME OF First Middle 4. DATE Month Day Year DECEASED 1961 Rachel Davis (Type or print) S. DEATH Aug. 6. COLOR OR RACE 7. MARRIED 8. DATE OF BIRTH 9. AGE (In years | IF UNDER I YEAR) IF UNDER 24 HRS. NEVER MARRIED day birthday) Months Hours Female WIDOWED T DIVORCED death certificate e attending physician a Then please remove coval, and in any event 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if refired) U.S.A. Own Home W. Va. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME James W. Rhhrbaugh Maggie Keplinger 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 17. INFORMANT Address requires that the removal, (Yes, no, or unknwn) | (If yes give war or dates of service Mrs. Noah Lease-Westernport. Md. na physician. 18. CAUSE OF DEATH [Enter only one proge per line for (e), (b), end (c).] INTERVAL BETWEEN ONSET AND DEATH PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which has bee geve rise to immediate couse DUE TO (a), stating the underlying ceuse lest. PART II. OTHER S. GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a), 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert I or Pert II of Item 18.) 20s. ACCIDENT WAS UNDERLYING I OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) (County) (Stete) 2Dc. TIME OF INJURY Month, Day, Yeer 20d, INJURY OCCURRED 20e, PLACE OF INJURY (Home, ferm, 1 2Df. (City or town) fectory, street, office bldg., etc. While Not While Hour a.m. et work al work p.m. .19. saw theil deceased alive on. .22e. SIGNATURE ATTENDING DIRECTOR PHYS. PHYS. M.D. 22d. ADDRESS ector, BURIAL, CREMATION, | 236. 23c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) 후 8/21/6 Keplinger Com. Maysville-Grant Ot. 9 250, REC'D BY REGISTRAR 25b, REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS VR A15 (4) AUG 23 arthur & Hears Westernport. 15M 9/III DATE

MARYLAND STATE DEPARTMENT OF HEALTH



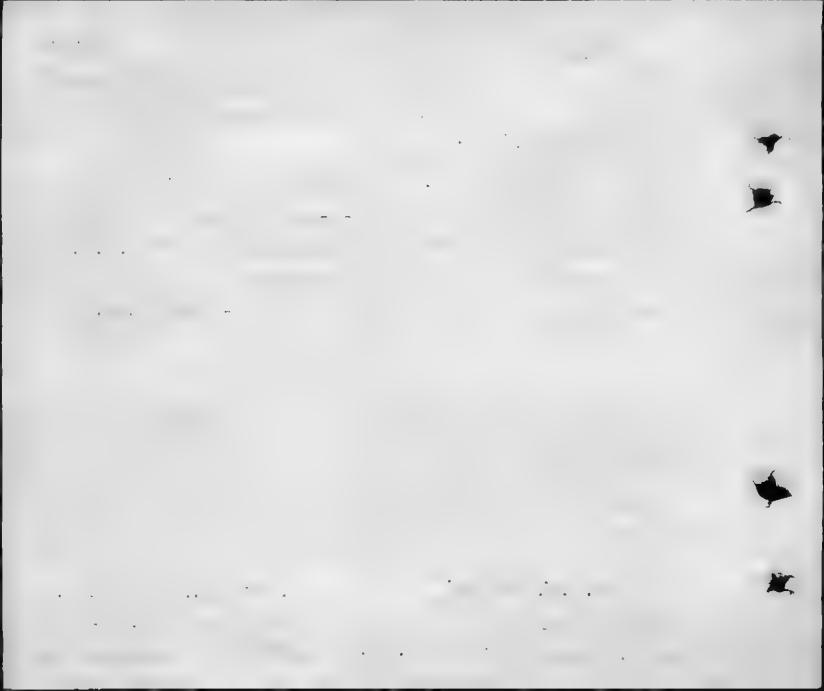
PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE Item 24. Fi.m G294 9/15/01 USUAL RESIDENCE (Where deceased Hand, Mastration, Rondonce before admission) 1. PLACE OF DEATH e. COUNTY MARYLAND ALLEGANY MARYLAND b. CITY OR TOWN (if outside corporate limits, c. CITY OR TOWN (If outside corporete I'm ts, write RURAL end give neerest town) c. LENGTH OF STAY IN 16 write RURAL end give neerest town) CUMBERILAND, MD. LHR. 14M1
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) LHR. WESTERNPORT. MD. within . IS RESIDENCE . d. STREET ADDRESS ON A FARM? ROCK ST .. YES NO 3. NAME OF DATE Middle DECEASED (Typa or print) BARY BOY FABBLO DEATH 19 9. AGE (in years I IF JNDER 1 YEAR . IF UNDER 24 HRS. 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED last birthday) Months Days MALE WIDOWED [DIVORCED 10e. JSUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY? 10b. KIND OF BUSINESS OR INDUSTRY II BIRTHPLACE (County & State, or fore an country) remove done during most of working life, even if retired) CUMBERLAND. MD. U-S-A-13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME STEPHEN DI FABBIO JANICE I. BRATTON 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 1 16 SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unkown) i (If yes give were rdates of service) MEMORIAL HOSPITAL, CUMBERLAND, MD. 18. CAUSE OF DEATH (Enter only one cause per line for (a), (h , and (c), INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) DUE TO Conditions, if enty, which (b) gove rise to immediate causa DUE TO (e), steting the underlying trificate se as the PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1.011 19. WAS AUTOPSY PERFORMED? NO 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Pert I or Part II of item 18.) 20a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20c. TIME OF INJURY 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm. 20f. (City or town) (County) (State) Month, Dev. Year factory, street, office bldg., etc.) Not While While et work et work 21. I certify that (I) (this nospital) attended the deceased from... 19....... and that death occurred at 2: 1,5 Afrom the causes and on the date stated above. saw the deceased alive on. 22b. DATE ATTENDING SIGNED DIRECTOR PHYS. 22d. ADDRESS PHYSICIAN'S NAME (Type) 63 GREENE ST. CUMBERLAND, MD. DR. LELAND B. RANSOM 123c. NAME OF CEMETERY OR CREMATORY death.
TO FU
directe 23a. BURIAL, CREMATION, 23b DATE THEREOF 1 23d. LOCATION (City, town or county) (Steta) REMOYAL (Specify) Burial St. Peters Westerpport, Maryland 25a REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE ADDRESS 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) Westernport, Maryland 15M 9/60 arthur & Hours

MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS. 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, if Institution: Residence before edmission) e. COUNTY b. COUNTY ALLEGANY MARYLAND WEST VIRGINIA b. CITY OR TOWN (if outside corporete lim ts. c CITY OR TOWN (If outside corporete imits, write RURAL end give nearest town) c. LENGTH OF STAY IN 16 write RURAL and give neerest town) PATTERSON CREEK CUMPERLAND 32 DAYS
d NAME OF HOSPITAL OR NSTITUTION (If not in hospital, give sireel address) e. IS RES DENCE MEMORIAL & WARWICK AVES. ON A FARM? YES 🗌 NO 🔀 MEMORIAL HOSPITAL 3. NAME OF 4. DATE Midd e DECEASED OF (Type or print) DEATH AUGUST 96 AGE IIn yeers HE UNDER I YEAR 6. COLOR OR RACE | 7. MARRIED IF UNDER 24 HRS. DATE OF BIRTH NEVER MARRIED est birthdey) Months Deys Hours | M.n. DIVORCED WIDOWED MALE WITH STATE ON GOVERN HE PETERS 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Blacksmith Helper MARYLAND -North Branch 13. FATHER'S NAME e affending _j Then please .⊑ 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT

(Yes, no, or unknown) (Ifyes give were release fearwise) Address - CUMBERLAND, MD. INTERVAL BETWEEN the 18. CAUSE OF DEATH [Enter only one cause pet line for (e), (b), and (c).] ONSET AND DEATH signed by PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) DUE TO (6) geve rise to immediate cause **DUE TO** (e), stating the underlying certificate ha PART IL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMEDI 2 3 NO use OR CONTRIBUTING CAUSE OF DEATH 20c. T ME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (Stete) factory, street, office bldg., etc.) Not While Hour e.m. 10.8 / 2 4, 19.8 /., that (I) (we) last 21. I certify that (I) (this hospital) attended the deceased from. saw the deceased alive on 22b. DATE SIGNATURE SIGNED ATTENDING STAFF PHYS. DIRECTOR PHY5. Simons 22d. ADDRESS 22c. PHYSICIAN'S 122 S. CENTRE ST., CUMBERLAND, MD. death. P 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) 236 BURIAL, CREMATION, 236. DATE THEREOF REMOVAL , Specify) 8.50 Fort Ashby, Fort ashby Cemetery 256. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) James F. Scarpelli, Cumberland, Md. DATE NUG 3 1 '61 15M 9/60 Cithur S. Krous

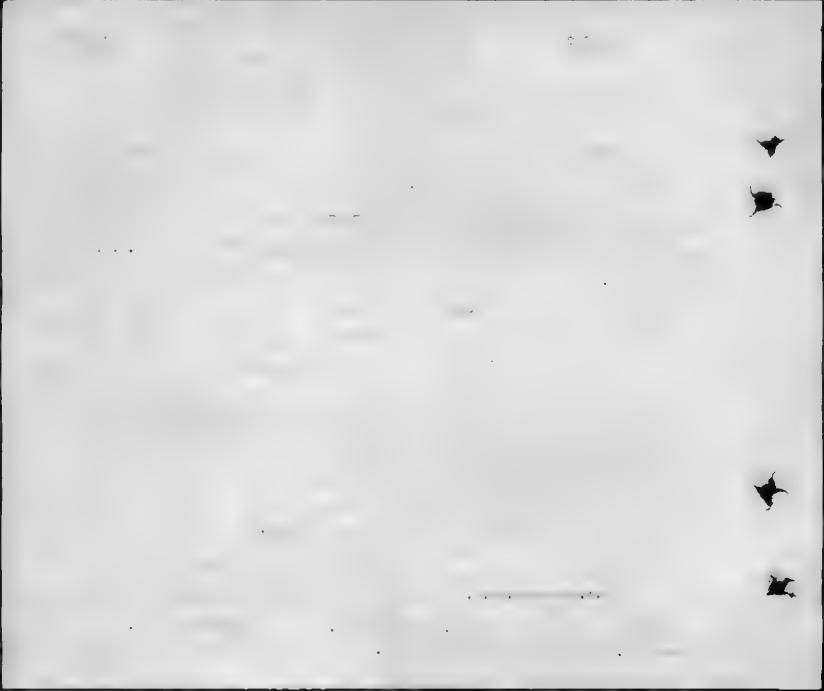


The law requires that the death certificate be executed within 24 hours after Complete; Red in by the fundamental papers, Reges I and 2 si thin 72 hours after death. TO HOST FAL OR ATTENDING PHYSICIAN: The law requires that the death certificate is death. If A may be retained by the hospital or attending physician.

TO FUNLARAL DIRECTOR— This certificate has been signed by the attending physician and director, page 3 should be dest. The for use as the burial-transit permit. Then please remove of be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event,

VR A15 (4) 15M 9/60

	DIVISION OF STATISTICAL R	ESEADON AND PEODEDS	301 W. DESTON ST	TREET, BALTIMORE 1, /	MADVLAND
	8653	CERTIFICATE	OF DEATH	, and a second s	08647
	LACE OF DEATH	Item 8 Film G292	2. USUAL RESIDENCE	Where deceased lived, if Institution b. COUNTY	na Residence before edmission)
Ь	CITY OR TOWN (if ourside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	MARVIAM	AI side corporete limits, write RURAL	end give neerest town)
d	CUMBERTAND NAME OF HOSPITAL OR INSTITUTION (IF NO	23 days	d. STREET ADDRESS	AND	e. IS RESIDENCE ON A FARM?
	SACRED HEART	Middle	last 70 JANE	FRAZIER VILLAGI	YES TO NO TEL
(1 5. S	(ype or print) EX 6. COLOR OR RACE 7.		DUCKWORTH DATE OF BIRTH	9. AGE (In years to JADE lest birthday) Magaba	
Oe.	USUAL OCCUPATION (Give kind of work	DIVORCED ,	6-78-02/ 1901 Y 11 BIRTHPLACE C 1117 &	60 yrs.	Deys Hours Min. CITIZEN OF WHAT COUNTRY?
	during most of working life, even if retired] HOUSEWIFE ATHER'S NAME	Ownhome	I MARYTAND C	Cumberland m	LS.4
Yes,	CEORGE 17 LONG WAS DECEASED EVER IN U.S. ARMED FORCES no, or unknown) [lifyesgivewerordetesofservi	ce)	NFORMANT VIRGINIA L	ONG Address	
NC	18. CAUSE OF DEATH [Enter only one cel	use per line for (e), (b), and (c).}	CHART		INTERVAL BETWEEN
1	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e)	Cerebral Juy	bention, le	ft	3 weeks
	Conditions, if eny, which \(\) (b)	Thrombosco o	1 artener d) a	France, left	3 cuerle
н	geve rise to immediate cause OUE TO	artenoslos			7
5	PART II. OTHER SIGNIFICANT CONDITIO			DISEASE CONDITION GIVEN IN PA	
	EG Sectral Ag	lexemon	& Dea	before	YES NO
2 (208, ACCIDENT WAS UNDERLYING 120 CONTRIBUTING 120 CAUSE OF DEATH IF EITHER, NOTIFY MEDICAL-EXAMINER)	5. DESCRIBE HOW INJURY OCCURED.	(Enter neture of injury in Pert I	or Pert II of item 18.)	
ענטגטד	20c. TIME OF INJURY Month, Dey, Year Hour e.m. 19	20d. INJURY OCCURRED 20e. PLA While Not While fector of work et work	CE OF INJURY (Home, ferm,) 2 pry, street, office bldg., etc.)	20f. (City or fown) (C	County) (Stele)
` -	21. I certify that (I) (this hospital)	attended the deceased from	7/14, 19		19(2.1, that (I) (we) last
	saw the deceased alive on	196/., and that	death occured and	M, from the causes and or	n the date stated above.
	220. SIGNATURE Aluneco	m.	ATTENDING MED. PHYS. DIRECT	TOR STAFF	S/S/6 SIGNED
	NAME (Type)	ISMAN MIL	22d. ADDRESS	hing Street	
	BURIAL, CREMATION, 236 DATE THEREO		OR CREMATORY 23	3d. LOCATION (City, fown or col Cumberland, Md.	
24	Burial 8-9-61 UNERAL DIRECTOR'S SIGNATURE	Mt. Herman		BY REGISTRAR 256. REGISTRAR	
J	ames H. Scarpelli	Cumberland, Md.	DATE AUG	10'61 Chilling	1 S. Thomas



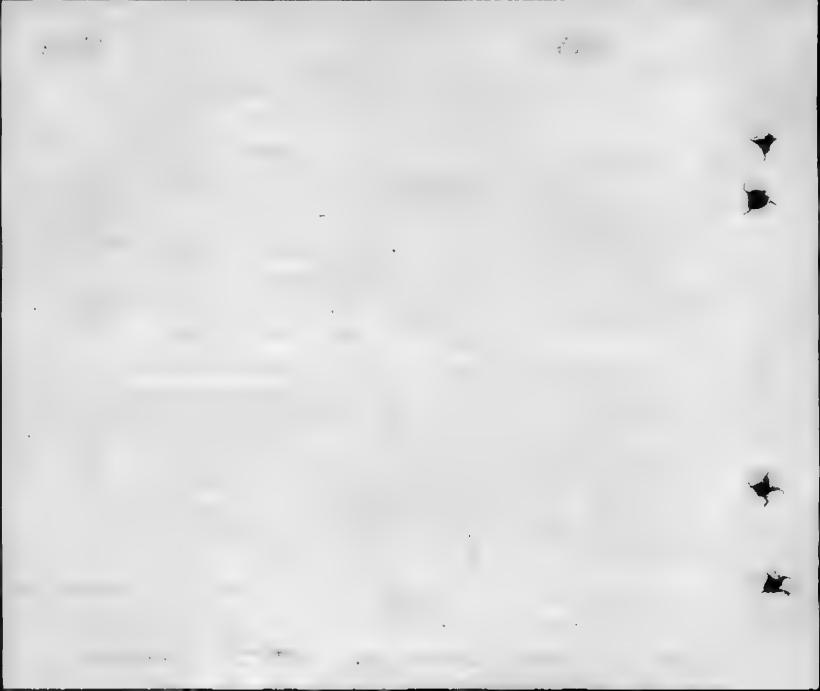
ARYLAND STATE DEPARTMENT OF HEALTH **DIVISION OF STATISTICAL RESEARCH AND RECORDS** W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 8654 I. PLACE OF DEATH 2. USUAL RESIDENCE (Where decreesed lived, If institution: Residence before admission) a. COUNTY n. STATE **b.** COUNTY by the and 2 death. MARYLAND Allegany c. CITY OR TOWN (if outside corporate mits, write RURAL and give nearest town) b. CITY OR TOWN (if outside corporate I mits, c. LENGTH OF STAY N 16 write RURAL and give nearest town) 11 days Cumberland Gumberland d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d STREET ADDRESS B. IS RESIDENCE ON A FARM? YES NO R - Sacred Heart 611 Woodlawn Mospital DECEASED OF (Type or print) DEATH Samuel (Salvatore) Esposito AGE (IN YOUR TYEAR IF UNDER 24 BRS B. DATE OF BIRTH White lest birthdey) Months male WIDOWED DIVORCED ltalian 10a. USUAL OCCUPATION (Give kind of work 106. KIND OF BUS.NESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? 11 BIRTHPLACE (County & State or foreign country) done during most of working life, even if retired) Tire Inspector USA to Italy Marigliano Kelly Tire Co.(Auto 13. FATHER'S NAME Antoniento Ralph Esposito 16 SOCIAL SECURTY NO 17, INFORMANT Address (Yes, no, or unkown) | (Ifyesgivewerordatesofservice) Mrs. Samuel Esposito, Cumberland, Md. 18. CAUSE OF DEATH [Inter only one cause per line for (a), (b), and (c) INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY ASSOCIATED WITH CACHEXIA ANEMIA IMMEDIATE CAUSE (a) DUE TO PANCREATIC CARCINOMA NITH DUODENAL EROSION geva rise to immediate cause DUE TO (a), stating the underlying certificate has or use as the burner to burier to buriel. GENERALIZED ABDOMINAL METASTASIS PART I OTHER SIGNIF CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D SEASE CONDITION GIVEN IN PART 1(e) 19, WAS AUTOPSY PERFORMED? NO I 206. ACCIDENT WAS UNDERLYING [] 206. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Pert I or Pert II of tem 18 , OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Dev. Yeer 1 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, farm, 20f., City or town) [County] factory, street, office bldg., etc.) While Not While 21. I certify that (I) (this hospital) attended the deceased from APRIL 27 ..., 1961, to AUCUST 14, 19.61, that (I) (we) last saw the deceased alive on ATTENDING 22b. DATE 22e. SIGNATURE SIGNED DIRECTOR , PHYS. PHYS. 22d ADDRESS 22c. PHYSICIAN S NAME (Type) Schindler, MD GREENE ST. 230. BURIAL, CREMATION, 236. DATE THEREOF | 23c. NAME OF CEMETERY OR CREMATORY 23d, LOCATION (City, town or county) REMOVAL (Specify) Patrick's Cemetery Cumberland, Md. B**-1**4-1961 OFB Burial 25a REC D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) 15M 9/60 arthur & Kraus Scarrelli, Cumberland, Md.

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DIVISION OF STATISTICAL RESEARCH AND RECORDS. 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution: Residence before edinission a. COUNTY a. STATE b. COUNTY by the and 2 death. ALLEGANY MARYLAND C. CITT ON OWN If outs do corporata Jimits, write RURAL and give neerest town) b. CIY OR TOWN (I outs de corporete limits, c. LENGTH OF STAY IN 16 write RURAL and give negrest lown) CUMBERLAND DAYS ROMNE Y d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, dive street address) e. IS RESIDENCE d. STREET ADDRESS ON A FARM? MEMORIAL HOSPITAL YES NO [3. NAME OF Middle DATE DECEASED OF (Type or print) DEATH AUGUST 1961 DEI PHA 9. AGE [n yeers | IF UNDER I YEAR | F JNDER 24 HRS. 6. COLOR OR RACE , 7. MARRIED THEVER MARR ED lest birthday) Months Devs Hours **FEMALE** WIDOWED X D VORCED please remo 10a, USUAL OCCUPATION (Give kind of work 10b KIND OF BUSINESS OR INDUSTRY County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if relired) U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 드 WILLIAM BEAN FLORENCE ELY 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17. INFORMANT Address [Yes, no, or unkown] [[fyes give weror deles of service]] CUMBERLAND. MD. MEMORIAL HOSPITAL 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c), INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY. One morth MMEDIATE CAUSE (a) Conditions, if any, which gove rise to immediate cause DUE TO (a), steting the underlying PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(0) 19 WAS AUTOPSY PERFORMED? NO TE 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b DESCR BE HOW/INJURY OCCURED. (Enter nature of injury in Pert I or Pert II of Item 18.) 20c. TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED , 20e, PLACE OF INJURY (Home, farm, 20t. (City or town) (County) (State) factory, street, office bldg., atc.) While Not While Hour a.m. at work at work 21. I certify that (I) (this hospital) attended the deceased from 44, 23, 1961, to City, 30, 1961, that (I) (we) last 19 4/, and that death occured in a COMA from the causes and on the date stated above saw the deceased alive on.. Lan So 226. DATE 22a, SIGNATURE **ATTENDING** STAFF DIRECTOR PHYS. allen PHYS. 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) CARLTON BRINSFIELD 232 BALTIMORE AVE., CUMBERLAND, MD. 238. BURIAL, CREMATION, 236. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 1 23d. LOCATION (City, town or county) (Stete) REMOVAL (Specify) 0 7 2 Sept. 2,1961 Indian Mound Cemetery West Va. Romney. Burial 24 EUNERAL BIRECTOR'S SIGNATURE 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE ADDRESS VR A15 (4) 9/60 Romney, W. Va. DATE SEP 5 arthur & House

AARYLAND STATE DEPARTMENT OF HEALTH



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RYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH Item 9 Film G29h VISITAL RESIDENCE (Where deceased lived, if institutions Residence before edmission) . PLACE OF DEATH e. COUNTY b. COUNTY a. STATE Allegany MARYLAND Maryland Allegany b. CITY OR TOWN (if outside corporate I mits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and giv nearest town) Midlothian ${ t Frostburg}$ 3 days a. IS RESIDENCE d NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street addrass) d. STREET ADDRESS ON A FARM? Miners Hospital YES NO M 3. NAME OF 4. DATE Month Middle DECEASED OF DEATH (Type or print) 1961 EDWARD FIELDS AUGUSI 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years IF UNDER I YEAR IF UNDER 24 HRS. 5. SEX ast birth day. Months, Davs Male White WIDOWED [10a. USUAL OCCUPATION (Give kind of work 1.12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) U.S.A. Retired miner Coal mines Marvland phy 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ding pl Emily Mallard Charles Fields affend 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 116. SOCIAL SECURITY NO (Yes, no. or unknown) : (If yes give we rar detes of service) Philpot, Frostburg, Md. INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per ine for (a), ,b] end (c)] ONSET AND DEATH PART I. DEATH WAS CAUSED BY: 1.6d 11 2 IMMEDIATE CAUSE (a) DUE TO re return fee (a char much love de geve rise to immediate cause DUE TO (a), sletting the underlying PART I OTHER S, GNIFICANT CONDITIONS CONTR. BUTING TO DEATH BUT NOT RELATED TO THE TERMINA. DISEASE CONDIT ON GIVEN IN PART 1(8) 19. WAS AUTOPSY PERFORMED? NO M ZDa ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED. (Enter halure of injury in Part I or Pert I of Item 18.)
OR CONTRIBUTING CAUSENOF DEATH
(IF EITHER, NOTIFY MEDICAL EXAMINER) 2Dd. INJURY OCCURRED 2De PLACE OF INJURY (Home, farm, 2Df. (City or town) (County) (Stete) 2Dc. TIME OF INJURY Month, Day, Yeer factory, street, office bldg., etc.) While Not While Hour a.m. et work at werk 226. /DATE / ATTENDING 22e. SIGNATURE SIGNED DIRECTOR T PHYS. 22d, ADDRESS 22c. PHYSICIAN'S NAME (Type) Martin Rothstein, M. D. 48 Broadway, Frostburg, 23d. LOCATION (City, town or county) 23a. BURIAL, CREMATION, 23b. DATE THEREOF 1 23c. NAME OF CEMETERY OR CREMATORY O.F.B 61 F'bg. Memorial Park Aug. 30 Frostburg. ADDRESS 25e. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) SEP 1 15M 9/60 Frostburg, Md.



VR A15 (4) ■M 9/60

Wayne George,

25e. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE arthur S. Krous

ALLEGANY

Days

(County)

England

INTERVAL BETWEEN ONSET AND DEATH

YES NO 7

(Stete)

22b. DATE

e. IS RESIDENCE ON A FARM?

YES NO X

IF UNDER 24 HRS.

Year



AARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARY CERTIFICATE OF DEATH funerat 1. PLACE OF DEATH USUAL RESIDENCE (Where decessed lived, If institution; Residence before edmiss on) COUNTY **b.** COUNTY e. STATE A LLEGANY MARYLAND MARYLAND ALLEGANY b. CITY OR TOWN (flours de corporete ilmits, .. E LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL end give neerest town) write RURAL end give neerest town) DAYS **ELLERSLIE** CUMBERLAND d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) STREET ADDRESS e. IS RESIDENCE ON A FARM? MEMORIAL & WARWICK BOX 87 YES NO 🔀 MEMORIAL - AVENUES 3. NAME OF Middle 4. DATE DECEASED OF (Type or print) DEATH 19 61 **JOHN** GOLLICK AUGUST 7. MARRIED NEVER MARRIED | B. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR) IF UNDER 24 HRS. 6. COLOR OR RACE last birthdey) Months Hours 1880 MALE DECEMBER WIDOWED DIVORCED physician 10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State or foreign country) 12. CITIZEN OF WHAT COUNTRY done during most of working life, even if retired) U.S.A. VIRGINIA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME **PURKS** GOLLICK LOUISA 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unkown) , (If yes give we ror detes of service) CUMBERLAND, MD. 18. CAUSE OF DEATH lEnter only one cause per line for (e), (b) and (c).) INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO geve rise to immediate cause DUE TO (e), stating the underlying PART I. OTHER SIGNIF. CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6), 19. WAS AUTOPSY PERFORMED? NO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert I or Pert II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) , 20e. PLACE OF INJURY (Home, farm, 1/20h (Orty or town) 20c. TIME OF INJURY 20d. INJURY OCCURRED factory, street, office bldg., etc. While Not Whit et work 21. I certify that (I) (this hospital) allended the deceased from and that death occured at ... M. A feet the the causes and on the date stated above. saw the deceased alive on 22b. DATE ATTENDING SIGNED PHYS. DIRECTOR PHYS. 22d. ADDRESS NAME (Type) 122 SO. CENTRE ST., CUMBERLAND, MD. 1 23d. LOCATION (City, town or county) 23e. BURIAL, CREMATION, | 23b. DATE THEREOF 123c. NAME OF CEMETERY OR CREMATORY Hyndman Cemetery Hyndman, Pa. Aug.10,1961 0 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE **YR A15 (4)** Hyndman, Pa. 15M 9/60 Circhan & Thomas





illed in by the funeral separate and 2 should hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 24 hours after death. Pege 4 may be retained by the hospital or aftending physician.

TO FUN CAL DIRECTOR "For this certificate has been signed by the attending physician and complete "filled in by the funeral director, page 3 should be accepted for use as the burial-transit permit. Then pieze remove by papers, Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR A15 (4) 15M 9/60

MARYLAND	STATE I	DEPARTMENT	OF	HEALTH

8659 CERTIFICATE OF DEATH 18653

1		7000					TODOR "
1/1	PLACE OF DEATH e. COUNTY			2. USUAL RESIDENCE	CE (Where decess	ed lived, If institutions b. COUNTY	Residence before edmission)
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١.	Cumber]		57days	Cumber:	land		
	d. NAME OF HOSPITA	AL OR INSTITUTION (if not	in hospita., give street address)	d STREET ADDRESS			e. IS RESIDENCE ON A FARM?
1	Sagnad	Heart Hospit	2]	509 Ti	aller Str	roet	YES NO THE
3.	NAME OF	hist a rest o	Middle	Last	4. DATE	Month	Dey Year
	DECEASED (Type or print)				OF DEATH		
4_		Orando	<u>May</u>	Griffin		August	23 19 61
3.	SEX	6. COLOR OR NACE 7. M	AARRIED NEVER MARRIED 8.	DATE OF 8 RTH	9. AG	t birthday) Months	1 YEAR IF UNDER 24 HRS. Deys Hours Min.
	female	white wi	DOWED DIVORCED	6-7-1908	1 5	3 yrs. (Motilisis	De ys Hours Mint
10	. USUAL OCCUPATION	IN IGIVE hand of work	106. KIND OF BUSINESS OR INDUSTR				TIZEN OF WHAT COUNTRY?
QC.	Housewij	ing life, even if relired)	Own home	Cumberla	nd Mar	vland	TTO A
	FATHER'S NAME	1	21777	14. MOTHER'S MAIDEN		Jianu	USA
40	Arthur	Stevens		May L	ong		No T
13.	was deceased evel s, no, or unkown) I (If)	R iN U.S. ARMED FORCES? resigive war or dates of service	16. SOCIAL SECURITY NO. 17. II			Address	Md.
	No.		Mi	ss Gladys S	Stevens	Braddock	c Rd. Cumb.
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	PART I. DEATH	WAS CAUSED BY:	45 T 0 G				ONSET AND DEATH
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		DUE TO					
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	(a), steting the un	the patterness					
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13	PART I OTHER	SIGNIFICANT CONDIT ON	S CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERM N	HAL DISEASE CON	DITION GIVEN IN PAI	RT 1(a) 19. WAS AUTOPSY PERFORMED?
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IFI	20e, ACCIDENT WA	5 UNDERLYING [] 208	DESCRIBE HOW INJURY OCCURED.	(Enter neture of injury in f	Pert I or Pert II of i	lem 18.)	
CERTIFICATION	OR CONTRIBUTING [CAUSE OF DEATH					
MEDICAL		Y Month, Dey, Yeer	20d. INJURY OCCURRED 20e. PLA	CE OF INJURY (Home, ferm ory, street, office bldg., etc.	, 20f. [City or t	own) (Co	ounty) (State)
M. M.	Hour e.m.	19	While Not While facts	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	†		
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			. 23 19 (c.t., and that				
1		anve on		deglu occured al	Phy ICOM HI	e causes and on	22b. DATE
	22e. SIGNATURE	1 0 0				TAFF	SIGNED
	_ lu	reliain 6'	ann M	(a) (c)	IRECTOR P	HYS.	8/24/61
	22c. PHYSICIAN'S NAME (Type) F	-		22d. ADDRESS		./ ^	1 1 1 1
	- 0	ILLAN PL	umes mp	441 1	1 Crake	Sty (um	har land 1 10 Com
23	BURIAL, CREMATIC	IN, 236. DATE THEREOF	23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCATIO	N (City, town or cour	ily) (Stete)
	REMOVAL (Specify) Burial	8/26/61	Rose Hill	Cemeterv	Cumbe	rland, M	d.
24	FUNERAL DIRECTOR		ADDRESS			256. REGISTRAR'S	
			Cumberland, M	1		arling a	
1_	07102 200			AL TENTE AL	70 - 0 - 1		



death. The 4 may be retained by the hospital ar mitending physician.

TO FUNEASE DIRECTOR.

TO FUNEASE DIRECTOR.

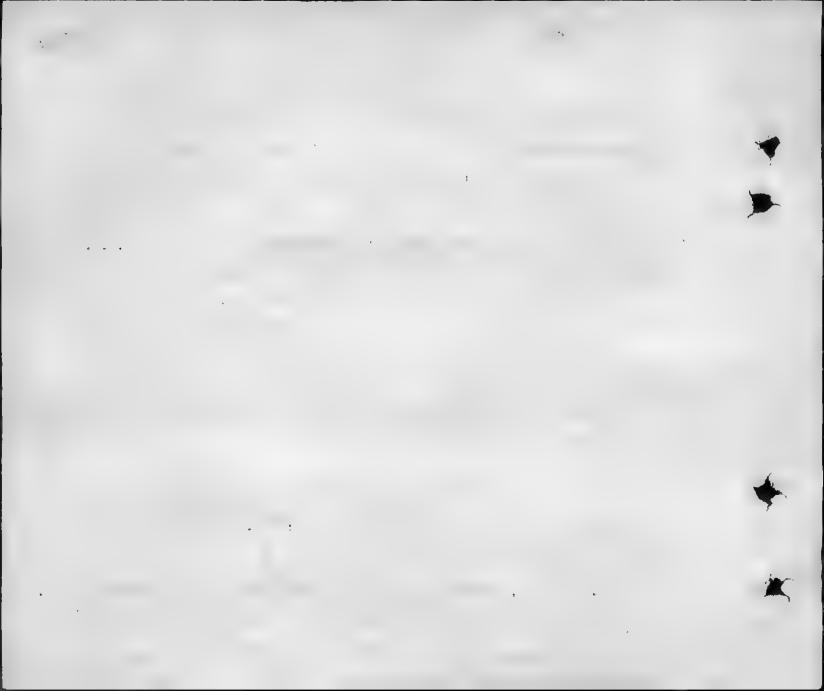
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VR A15 (4) 15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

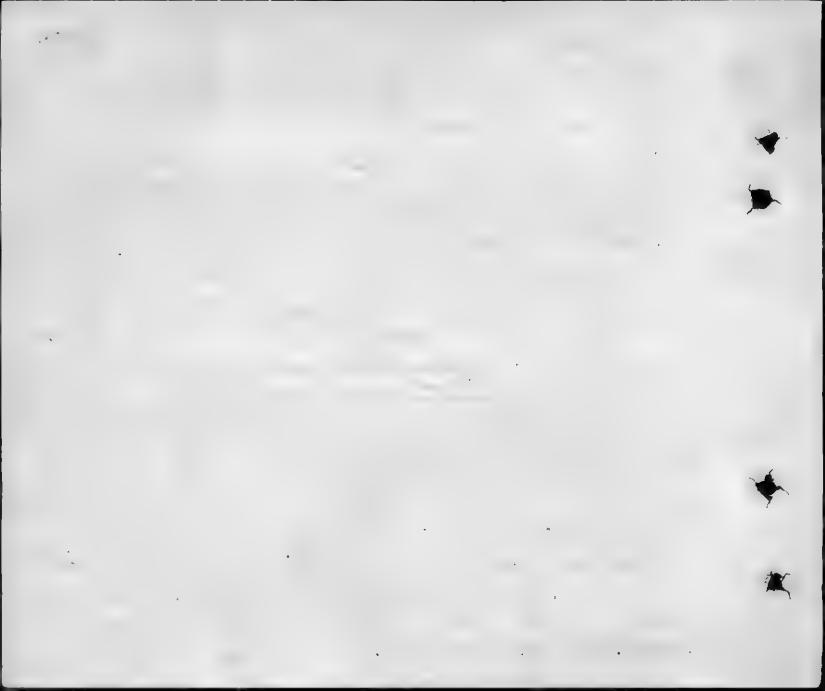
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND (18654

	1. PLACE OF DEATH •. COUNTY	2. USUAL RESIDENCE (Where decessed lived, if institution, Residence before admission)
	ALLEGANY MARYLAND	b. STATE 6. COUNTY ALLEGANY
V	b. CITY OR TOWN (if outside corporate I mits. c. LENGTH OF STAY IN 1b	c CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town)
4	write RURAL and give neerast town) CUMBERLAND 26 DAYS	CUMBERLAND
1	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address,	d. STREET ADDRESS o. IS RESIDENCE ON A FARM?
I	MEMORIAL HOSPITAL	721 COLUMBIA AVENUE YES NO 1
ľ	3. NAME OF First Middle	Last 4, DATE Month Dey Yeer
1	(Type or print) VIRGINIA ELIZAPETH	GRIMES DEATH AUGUST 26 19 61
ŀ		DATE OF BIRTH 9. AGE (In yeers IF JNDER 1 YEAR IF UNDER 24 HRS.
١		IARCH 28. 1920 Ill yrs. Months Days Hours Min.
	IDe. USUAL OCCUPATION (Give kind of work 1Db, KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County & State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
1	done during most of working life, evan if ratified) SECRETARY MEMORIAL HOSPITAL	NICODA CVA
		NEBRASKA U.S.A.
1	THOMAS BOYLAND	ELLENORA FLANNAGAN
ŀ	TS. WAS DECEASED EVER N.U.S. ARMED FORCES? 16. SOC.AL SECURITY NO. 17. IN	
١	(Yes, no or unkown) (Ifyesg vewerordelasofservice)	EMORIAL HOSPITAL - CUMBERLAND, MARYLAND
ı	B. CAUSE OF DEATH [Enter on y one course per I ne for (e). (b), end (c).]	I INTERVAL BETWEEN
Ì	PART I, DEATH WAS CAUSED BY:	hise what of the line onset and DEATH
I		- Miles Committee of the committee of th
ı	Conditions, if any, which) the Care Conditions	R+ Brown (Code in Ca)
1	geve rise to immediate ceuse	L' 12 CHALLE (NOTE)
	(a), stating the underlying DUE TO	
1	ceusa lest. (c)	RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(8) 19. WAS AUTOPSY
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	200. ACC DENT WAS UNDERLYING TO 200. DESCRIBE HOWINITRY OCCURED.	(YES NO ()
1	PART II. OTHER SIGNIF CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT 200. ACC DENT WAS UNDERLYING 1 200. DESCRIBE HOW NIURY OCCURED. OR CONTRIBUTING 1 CAUSE OF DEATH IF ETHER, NOTIFY MEDICAL EXAMINER)	(the relate of his way to bear it of them to.)
1		E OF INJURY (Homa, farm, 2Df. (C'ty or town) (County) (Stata)
1	Hour s.m. While Not While fector	ry, sireal, office bldg., atc.)
1	p.m. 19 at work st work	and the same
1	21. I certify that (I) (this hospital) attended the deceased from	
1		death occured a
	22e S GNATURE	ATTENDING MED, STAFF 22b. DATE SIGNED
ı	Juler 12 / Strillworth M.C.	PHYS. DIRECTOR PHYS. 22d, ADDRESS
1	222. PHYSICIAN'S NAME (TYPE) R. FULLER B. WHITWORTH	
		123 BEDFORD STREET, CUMBERLAND, MD.
	238. BURIAL, CREMATION. 236. DATE THEREOF 23c. NAME OF CEMETERY O	
	Duriet 0/20/61 At 1 Mines	20 cm. Jumperte 17 CX
	24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	256. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE
	Junes summer (sund, 11)	DATE Calling 9 House



301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 8661 I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution, Ras'dence before admission) a. COUNTY a. STATE b. COUNTY Allegany MARYLAND c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (if outside corporete limits, C. LENGTH OF STAY IN 16 write RURAL and give neerest town) Š TS Days Cumberland Cumberland d. NAME OF HOSPITAL OR INSTITUTION (if not In hospitel, give street address) A. IS RESIDENCE d. STREET ADDRESS ON A FARM? YES NO K I26 Arch Street Heart Hospital Middle 4. DATE Month Harne DECEASED OF (Type or print) DEATH AGE THE WELL 6, COLOR OR RACE | 7, MARRIED | NEVER MARRIED X UNDER I YEAR IF UNDER 24 HRS. last birthdey) Devs Months WIDOWED DIVORCED Female White 10a, USUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY! 1Db. KIND OF BUSINESS OR INDUSTRY õ done during most of working life, even if retired) physic Homemaker Sister Moderation Hagerstown 13. FATHER'S NAME please .5 guip Lana Koontz pue ____ANDREW Harne (D) 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO., 17. INFORMANT atten Address hen (Yes, no, or unknown) I (If yes give we ror dates of service) 18. CAUSE OF DEATH [finiter only one ceuse per line for .e), (b), and (c). INTERVAL BETWEEN OMSET AND DEATH PART I. DEATH WAS CAUSED BY, IMMEDIATE CAUSE (e) Conditions, if any, which geva rise lo immediate causa DUE TO (a), stating the underlying PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 116 PERFORMED? S 0 NO 4 20e. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW NIJRY OCCURED, (Enter netura of 'njury in Pert I or Pert I of tem 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (Stete) 20c. TIME OF INJURY Month, Day, Year factory, street, office bldg., atc.) While Not While Hour a.m. et work at work 1938 10 2 2 196 (that (I) (we) last 21. 1 certify that (I) (this hospital) attended the deceased from. saw the deceased alive 647 22b. DATE 22s, SIGNATURE ATTEND NG MED. STAFF 22c. PHYSICIAN S PHYS. DIRECTOR PHYS. FUNEAR 22d. ADDRESS NAME (Type) G. Durrett ector, Virginia Ave. Cumoerland, Haryland death. G TO FU G direct 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23d. LOCATION (City, lown or county) 23c. NAME OF CEMETERY OR CREMATORY Oakland Cemetery Oakland. Maryland 25a, REC'D BY REGISTRAR | 25b, REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE Scarpelli Cumberland, Md. Circling & three 15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH



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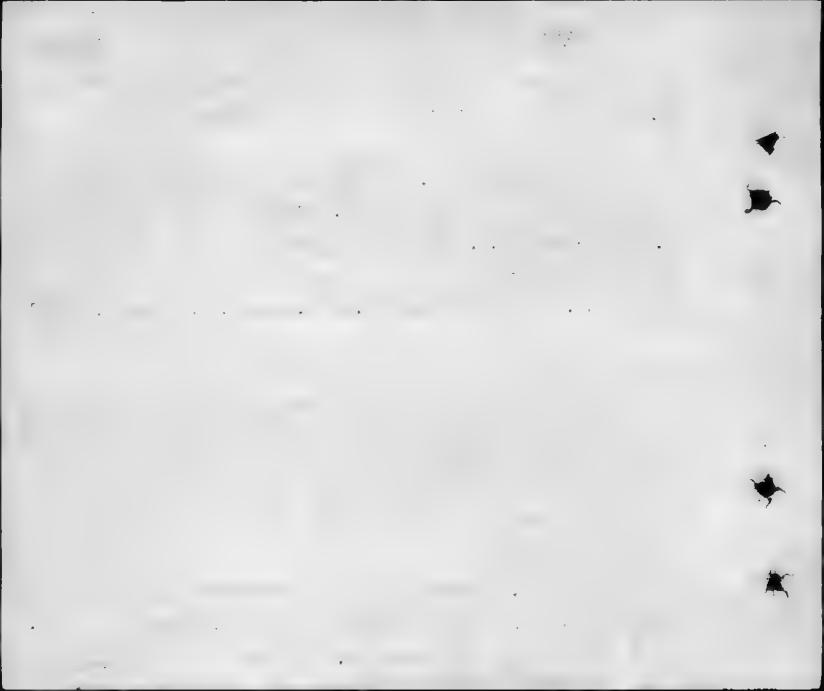
15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) COUNTY Allegany Allegany MARYLAND b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 16 CITY OR TOWN (If outs de corporete limits, write RURAL end give nearest town) write RURAL and give neerest lown) Rt. 3. Frostburg Rt. 3, Frostburg d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street address) 4. DATE DECEASED Henckel William H. DEATH 25th, 19 (Type or print) Auguat 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In yeers) IF UNDER 1 YEAR last birthdey) Months Deys Dec. 13th, 1894 White WIDOWED DIVORCED -Male 10b. KIND OF BUSINESS OR INDUSTRY, 11 BIRTHPLACE (County & State, or loreign country) Maryland 14. MOTHER'S MAIDEN NAME USA

a. 15 RESIDENCE ON A FARM? YES NO K 3. NAME OF IF UNDER 24 HRS. 10e. USJAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY! done during most of working life, even if relired) Ret. Elevator Opr. K.S. Tire Co. 13. FATHER'S NAME William P. Henckel Emma Logsdon 15. WAS DECEASED EYER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT (Yes, no, or unkown) | (Ifyasgivewarordetesofservice) 217-10-7231 Mrs.May V.Henckel, Rt. 3, F'bg. Md. Box 2 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). ONSET AND DEATH with Heart Reside PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) geve rise to immediate cause DUE TO (a), sleling the underlying PART IL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1,0) 19. WAS AUTOPSY PERFORMED? NO F 20e. ACCIDENT WAS UNDERLYING [] 20b. DESCR BE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Pert I of stem 18.) OR CONTRIBUTING [] CANSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Dev. Yeer 1 20d. INJURY OCCURRED , 20e. PLACE OF INJURY (Home, lerm, 20f. [City or town] (County) While Not While at work at work factory, street, office bldg., atc.) 21. I certify that (I) (this hospital) attended the deceased from 1964 to 1964, to 1964, that (I) (we) last 220. SIGNATURE The M.O. PHYS. SIGNA DIRECTOR 22d. ADDRESS 22c. PHYS CIAN'S 48 Broadway, Frostburg, Md. Martin M. Rothstein, 23c. NAME OF CEMETERY OR CREMATORY | 23d. LOCATION (City, lown or county) 23e. BURIAL, CREMATION, 236. DATE THEREOF Burial 8-28-61 St. Patrick's Cemetery Mt. Savage. 25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE

ADDRESS

Frostburg, Md. DATE AUG 2 9 '61



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the funeral at 2 should saith.		PLACE OF DEATH O. COUNTY ALLIEGATY	2. USUAL RESIDENCE 6. STATE MARYLAND MARYLAND
24 n by 1 an	_	b. CITY OR TOWN If outs de corporete limits, write RURAL end give neerest town) CIMBETTAMD d NAME OF HOSPITAL OR INSTITUTION (if not in his	c LENGTH OF STAY IN 16 11 DAYS OSPITAT, give street eddress; d. STREET ADDRESS
executed within complete ad it papers. Yages thin 72 hours after	3	SACR D HEART HOSP TAL NAME OF DECEASED (Type or print)	Middle 317 MAGRUDEE HINEA
3 7	1		
death certificate ding physiciae a please femove and in any period	/ _	done during most of working life, rever if retired) 3. #ATHER'S NAME	Home 14 MOTHER'S MAIDEN NA
the atten fken val, a		5. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 Yes, m. osunkown] [lifyesgivewerordetesofservice]	SOCIAL SECURITY NO. 17. INFORMANT
IN: The law requires that or attending physician. In the bas been signed by the five burial-transit permit. I burial, cremation, or removes		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) Conditions, if eny, which geve rise to immediate cause (e), stating the underlying cause lest. Conditions (c)	Maporon State all
C PHYSICIAN of the hospital of this certificate hed for use as the	A CERTECATION	200. ACCIDENT WAS UNDERLYING 2006. DE OR CONTRIBUTING 2005. DE OR CONTRIBUTING 2005. DE OR CONTRIBUTING 2005. DE	SCRIBE HOW INJURY OCCURED. (Enter nature of injury in Peri
ATTENDIN be retained, CCTOR: ild be det.	MEDICA	21. I certify that (I) (this hospital) atte	le Not While factory, street, office bldg., etc.)
ITAL OR 4 may be a should be seen a shou	1	22e. SIGNATURE 22c. PHYSICIAN'S NAME (Type)	M.D. ATTENDING MED PHYS. ADDRESS
TO HOSP death. Participation of the filed v	0	DP. B. SCH_IDI. 30. BURIAL, CREMATION, 236 DATE THEREOF BROVAL ISpecify BLOCK DESCRIPTION OF THE PROPERTY O	23c, NAME OF CEMETERY OF CREMATORY ADDRESS ADDRESS ADDRESS ADDRESS
VR A15 (4) 15M 9/60		FUNERM DIRECTOR'S SIGNATURE	cumbi MD. DATE

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

ATE OF DEATH	d Sikeel, by	LIMORE I,	086	57
2. USUAL RESIDENCE 8. STATE NARY C. CITY OR TOWN (III	LAND	b. COUNTY	LLEGANY	
d. STREET ADDRESS 317 MAGRUD Last HINEA B. DATE OF BIRTH DUSTRY 11. BIRTHPT ACE TOWN	ER SINCET 4. DATE OF DEATH	Month 8 (In yeers IF UNDE birthdey) yrs. Months yrs.	Day 30 R1 YEAR : IF U	Yeer 19 61 NOER 24 HRS. Jrs Min.
14 MOTHER'S MAIDEN	Mar Mar	Address C	U.S.I	
ind orter	l ne	ru		L BETWEEN NID DEATH
UT NOT RELATED TO THE TERMIN			ART 1(e) 19. W F YES	AS AUTOPSY PERFORMED?
	19. 1 10. F.	-30,		(State)
M.D. PHYS. D	ST ST	AFF	T/	22b. DATE SIGNED
JERY OR CREMATORY L L D 250. REG		2Sb. REGISTRAR	S SIGNATURE	(Stele)



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND **EXAMINER'S CERTIFICATE OF DEATH** FOR STATE 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, if Institution; Residence before edmission) e. COUNTY b. COUNTY a. STATE files. Health Allegany Marvland MARYLAND b. CITY OR TOWN (if outside corporete lim ts. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL end give neerest town) write RURAL end give neerest town) Cumberland days Frostburg. d NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d STREET ADDRESS Memorial Hospital 3. NAME OF Middle 4. DATE Month DANSET N. W. P. OF (Type or print) DEATH William J. ${ t Hittle}$ August 6. COLOR OR RACE 7. MARRIED NEVER MARR ED 8 DATE OF BIRTH 9. AGE (In years) IF UNDER I YEAR! S SEX last birthdey) Months Sept. 30th. 1885 Male WIDOWEDX DIVORCED E E C 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY ! 11 BIRTHPLACE (State or fore gn country) done during most of working life, even if retired) Ret. - Miner Coal Mining Pennsylvania pages 13. FATHER'S NAME Thomas Hittle Lydia Fox 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16 SOC AL SECURITY NO. 17 INFORMANT Address (Yes, no, or unkown) | (If yes give wer or detes of service) Mrs.Allen Stevens, Box 133A, RD2 F'bg. 1.99-14-3812

18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).] PART I DEATH WAS CAUSED BY: PULMONARY EMBOLISM. MASSIVE IMMEDIATE CAUSE (a) DUE TO ERAC NURE Conditions, if env. which [6] gave rise to immediate cause **DUE TO** (a), stating the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART (10) 19. WAS AUTORSY 20a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING 20b. DESCRIBE HOW NURY OCCURED (Enter neture of Injury in Part | or Part | of Item 18.) CAUSE OF DEATH. T HOME | 20d. INJURY OCCURED 20e. PLACE OF INJURY (Home, farm, While Not While fectory street, office bldg , etc.) | 20f. (Cito or lown) Rt.AFROSTBURG.ALLEG.MD. p.m. Aug.16 1961 21. I certify that I took charge of the remains described above, held an Autopsy XI. Inspection X Accident X Suicide Homicide Undetermined manner death resulted from Natural causes CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER should be for FUNERAL its designate AUGUST SKITARELIC, M.D. Address (Street city, fown, or county) CUMBERLAND. BENEDICT DEPU NAME (Type) 226, SURIAL, CREMATION, 226 DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) REMOVAL (Specify) 40 6 Burial bg.Memorial Frosthurg 23. FUNERAL DIRECTOR A15ME Frostburg. DATE

MARYLAND STATE DEPARTMENT OF HEALTH

Allegany

20th

. IS RESIDENCE ON A FARM? YES NO Y

IF UNDER 24 HRS.

PERFORMED? NO F

(Stote)

DATE SIGNED

(State)

Md.

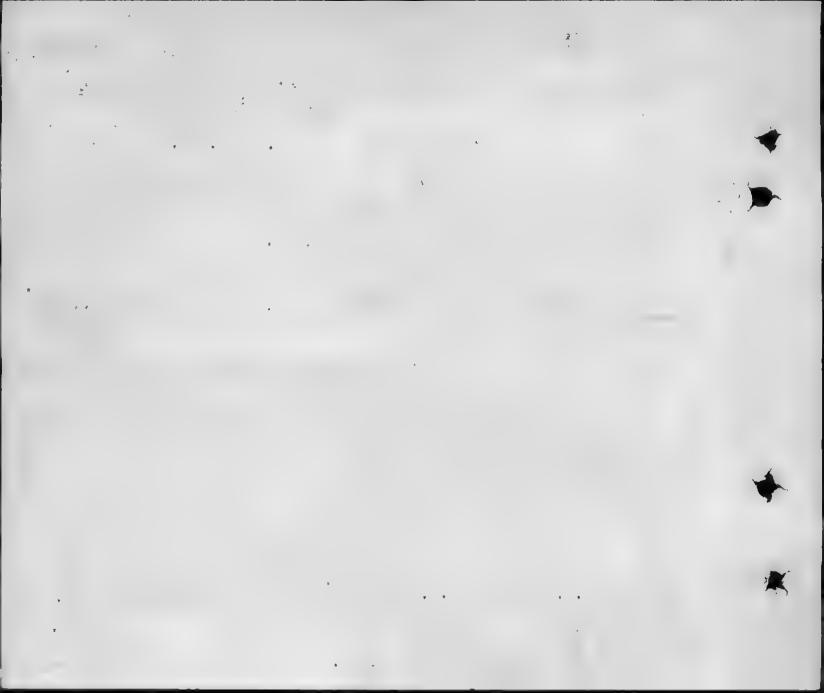
12. CITIZEN OF WHAT COUNTRY?

USA

(Courty)



MARYLAND STATE DEPARTMENT OF HEAITH Division of STATISTICAL RESEARCH AN T. BALTIMORE 1. MARYLAND **FOR STATE** 1. PLACE OF DEATH deceased lived. If institution: Residence before edmission) e. COUNTY e. STATE b. COUNTY MARYLAND b. CITY OR TOWN (if outside corporates mits c. LENGTH OF STAY IN 16 c. CITY OR TOWN (f outside corporate limits, write RURAL and give necrest town) d. STREET ADDRESS e. IS RESIDENCE ON A FARM 25th..St. YES NO 1 NAME OF 4. DATE DECEASED (Type or print) DEATH COLOR OR RACE | MARRIED IF UNDER 1 YEAR AGE (In years NEVER MARRIED last birthday) Months 2 Pays WIDOWED EEN DIVORCED [16a. USUAL OCCUPATION IG. ve kind of work 10b KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Erie. Pa. Infant None 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Alice Laird Hoover Hnknown. 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO.! 17 INFORMANT (Yes, novor unkown) (Ifyes give wat ordales of service) Alice Hoover, 1124 West 25th St., Erie, Id. CAUSE OF DEATH [Enter only one cause per line for (e,, (b), and (c)) ONSET AND DEATH PART I, DEATH WAS CAUSED BY: 4-6 Min ASPHYXTATION IMMEDIATE CAUSE (a) DUE TO Aspiration of Stomach Contents Conditions, if any, which gove rise to immediate cause **DUE TO** (e), stetling the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 11011 19. WAS AUTOPSY PERFORMED? NO F 20b. DESCR BE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of Item 18.) 20a. EXTERNAL CAUSE WAS PRIMARY | or CONTRIBUTING | 20c. TIME OF INJURY 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, farm, 20f (City or town) Month, Day, Year (County) (Stete) While factory, street, office bldg., etc.) Not While at work at work 21. I certify that I took charge of the remains described above, held an Autopsy X. Inspection X. Inquiry K and in my opinion death resulted from: Natural causes X Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE should be FUNERA Asstopputy MEDICAL EXAMINERX August 9, EXAMINER'S , M.D. NAME (Type) W.O. McLane Address (Street, city, town, or county) Frostburg, 22c. NAME OF CEMETERY OR CREMATORY 22+, BURIAL, CREMATION, 22b. DATE THEREOF 22d. LOCATION (City, lown, or country) REMOVAL (Specify) 400 Calvery Cemetery 24e. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE VS. A15ME MAIN FROSTBURG MD.



VR A15 (4) 15M 9/60

AA A DONATE A BID		AND RESERVED AS SHEET BE
	CIATE ITEDADIANENT	TABLE BOTH ALL LINE
MARILAND	STATE DEPARTMENT	AL HEWFILL

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND, SECTIFICATE OF DEATH

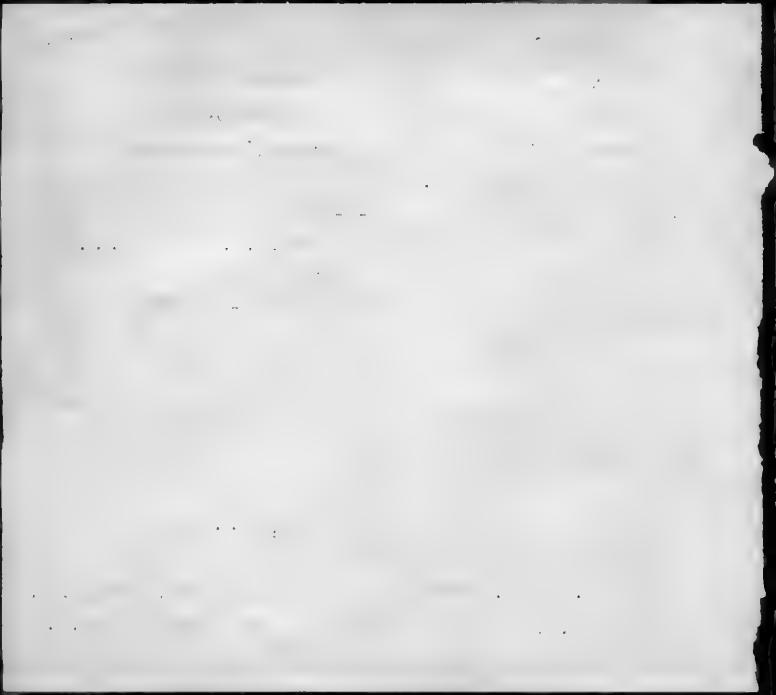
1. PLACE OF DEATH 6. COUNTY	2.	USUAL RESIDENCE (Where deceded, STATE	sed lived, If institution, Residence before edmiss on) b. COUNTY
	MARYLAND LENGTH OF STAY IN 16	Maryland	Prince George's
write RURAL end give neerest town) Cumberland d. NAME OF HOSPITAL OR INSTITUTION (if not in hospite,	10 Days	Landover Hills	. IS RESIDENCE
Sacred Heart Hospital	Middle	3905 74th Avenu	ON A FARM? YES NO M
DECEASED (Type or print) PETITY	JANE J	TENKINS OF DEATH	August 14, 19 61
5. SEX 6. COLOR OR RACE 7. MARRIED		ATE OF BIRTH 9. A	GE (In yeers IF UNDER 1 YEAR IF UNDER 24 HRS.
Female White WIDOWED	DIVORCED May	30, 1930	31 yrs. Months Deys Hours Min.
done during most of working life, even if retired)		I. BIRTHPLACE (County & State, or for	
Housewife Own	Home	Mineral Co. W.\	la. USA _
Harry Abe		Mae Maude Willi	
15. WAS DECEASED EVER N.J.S. ARMED FORCES? 16. SOC (Yes, no, or unknown) (Ifyesgive were ordeles of service)		ORMANT	Address
18. CRUSE OF DEATH [Enter only one cause per line for	4	Thomas Jenkins ,	Landover Hills, 1d.
PART I. DEATH WAS CAUSED BY:	The h	line	ONSET AND DEATH
JAMEDIATE CAUSE (6)	mynus	W W Z	38
Conditions, if any, which (b)	/		
geve rise to immediate ceuse		-	
(e), stelling the underlying couse lest.			
PART I OTHER SIGNIF CANT COND TIONS CONTRIB	UT NG TO DEATH BUT NOT RE	ELATED TO THE TERMINAL DISEASE CO	NDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO X
OR CONTRIBUTING [] CAUSE OF DEATH	E HOW NJURY OCCURED. (En	star natura of Tipury In Part I or Part II of	item 18.)
20c. TIME OF INJURY Month, Day, Year 20d INJU While el work p.m. 19		OF INJURY (Home, farm, street, office bldg., etc.)	town) (County) (Stete)
21 I certify that (I) (this hospital) attended		1 .4, 1901, to (
saw the deceased alive on	19(, and that de	ath occured at	he causes and on the date stated above.
22e. SIGNAYON		ATTENDING MED.	STAFF PHYS SIGNED
22c. PHYSTC AN'S	₩ D	22d. ADDRESS	[-77 6]
NAME (Type) B.M. Schindler		Cumberland, Ma	ryland
	Mt Olivet Cem	. 4	ON (City, lown or county) (State)
24 FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	25e. REC'D BY REGISTRA	R 25b. REGISTRAR'S SIGNATURE
John J. Hafer, Cumberland, N	id	DATE AUG 1 8 '61	arilus S. Kraus

OR ATTENDING PHYSICIAN: The law requires that the death certificate be execute may be retained by the hospital or attending physician.

DIRECTOR: After this certificate has been signed by the attending physician and com-

OH OL OF ALE

n 24 hours after In by the funeral





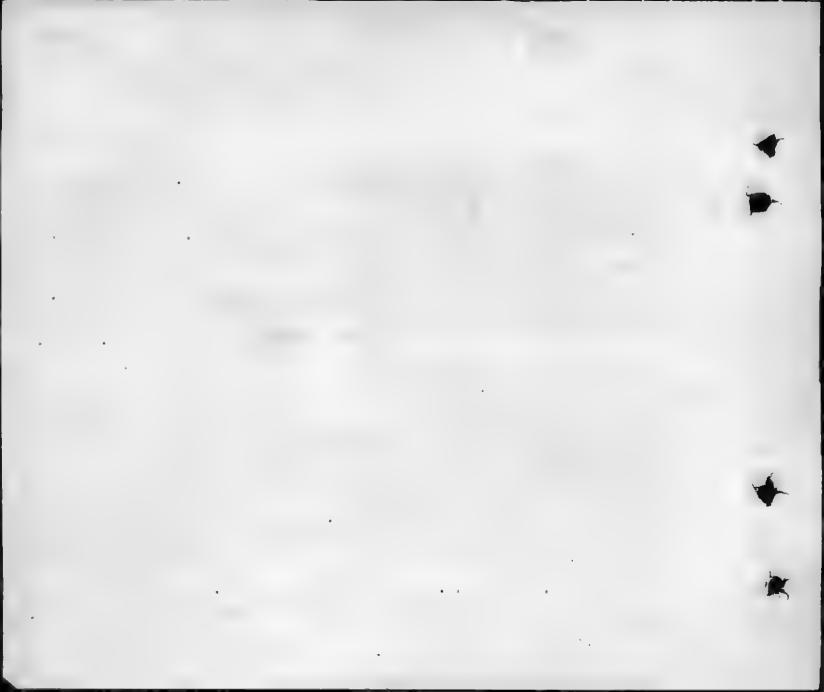
VR A15 (4) 15M 9/59

M

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

08663

_								
	PLACE OF DEATH G. COUNTY Allegany	2. USUAL RESIDENCE (Where deceased lived. If institution Residence before admission) a. STAFF ennsylvania b. COUNTYBedford						
	b. CITY OR TOWN (If outside corporate timits, write C. LEN ELLERS LIE 2	GTH OF STAY IN 16	c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) Hvndman					
	d. NAME OF HOSPITAL (If not in haspital, give street address) OR INSTITUTION		d. STREET ADDRESS	* /	\$2000 p	F	ON A FARMER YES NO	
	3 NAME OF DECEASED (Type or print) Gertrude	May May	last Ordan	4. DATE OF DEATH AT		1961	19	
	Finale White WIDOWED ST	DIVORCED A		890 7	yrs. Manth	Days	Hours Min,	
/	10a. USUAL OCCUPATION (Give kind of work done 10b. KiND O	F BUSINESS OR INDUSTR	U. S. Z	or foreign country) ., Penn			S. A.	
	William Tharp		Jane Eme	rick				
	15. WAS DECEASED EVER IN U. 5. ARMED FORCES? 16. SOCIAL (Yes, no or unknown) (If yes, give wor or dates of service)		s. Keith E	hillips	£11er	slie	, Md.	
	Canditions, if any, which gove rise to immediate couse (a), stating the underlying couse last. DUE TO With Arter	ble acute ce ic arterioso hypertension iosclerosis	elerotic care	diovascula	ar diseas	rox.	IS min.	
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED? PERFORMED? YES \(\subseteq \text{NO} \(\subseteq \text{Y} \)							
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED? Diabetes mellitus 200 ACCIDENT WAS UNDERLYING [] CAUSE OF DEATH OF CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)							
į	20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED Hour o. m While Not while at wark at work at work							
	21. I certify that (I) (this haspital) attended the deceased fram approx. 191819ta 8/11/6119that (I) (we) ias saw the deceased a ive an August 319 61, and that death accurred at 8:30 from the causes and an the date stated above 220. SIGNATURE 1 ATTENDING MED STAFF SIGNET SIG							
	230 BURIAL, CREMATION, 23b. PATE THEREOF BEMOTAL Pec fy) 8/14/61	yame of CEMETERY OR CENTRAL	netery	23d Hyndma			Co; Pa.	
		odress idman, Pa.	1184	D BY REGISTRAR	256. REGISTRAR'S			



MARYLAND STATE DEPARTMENT OF HEALTH STATISTICAL RESEARCH AND RECORDS. W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH . PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution, Residence before edmission a. COUNTY a. STATE **b.** COUNTY ALLEGANY MARYLAND WEST VIRGINIA. c. LENGTH OF STAY IN 16 write RURAL end give nearest town) 10 DAYS RIDGELEY. d STREET ADDRESS ~ WARWICK AVENUES 4. DATE ATH AUSTIN JUNY 8 DATE OF BRTH 9. AGE (.n.) 7. MARRIED NEVER MARRIED burth DIVORCED , SEPTEMBER WIDOWED 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE County & Sta PETERSBURG W. VA

WEST_VIRGINIA______MINERAL
c, C.TY OR TOWN (If outside cosporete .fimits, write RURAL and give neerest town) b. CITY OR TOWN (If outside corporate lim ts, CUMBERLAND ... a. IS RESIDENCE ON A FARM? YES NO 3. NAME OF DECEASED (Typa or print) AUGUS' F UNDER 1 YEAR IF UNDER 24 HRS. 10a. JSUAL OCCUPATION (GIVE Kind of work 1 12. CIT ZEN OF WHAT COUNTRY? dona during most of working I fe, even if retired) U.S.A. 13. FATHER'S NAME BELL HISER 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 1 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unkown) | (Ifyas give wer or dates of service MEMORIAL HOSPITAL, CUMBERLAND, MARYLAND 18. CAUSE OF DEATH [Enter only one cause per me for (e), (b), end (c), i ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if eny, which geva rise to immadiate cause DUE TO (a), stating the undarlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(b) 19. WAS AUTOPSY PERFORMED? NO F 206. ACC DENT WAS UNDERLYING ____ 206. DESCR BE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Pert II of Tem 18)
OR CONTRIBUTING ___ CAUSE OF DEATH
(IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY 20d, INJURY OCCURRED 20e PLACE OF INJURY (Home, farm, 20f, (City or town) (County) (Stete) Month, Day, Year factory, street, office b dg., etc.) While Not While et work at work 21. I certify that (I) (this hospital) attended the deceased from ... 6.1/9./6/., 19 ..., to ... 8/24./6/., 19 ..., that (I) (we) last ATTENDING X 22e S.GNATURE SIGNED DIRECTOR PHYS. 22d. ADDRESS 22c. PHYSICIAN'S N. CENTRE ST., CUMBERLAND, MD. 23d. LOCATION (City, town or county) 23e. BURIAL, CREMATION, | 23b. DATE THEREOF 1 23e NAME OF CEMETERY OR CREMATORY Near Cumberland, Md. Davis Memorial Cem. **ADDRESS** 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE Cumberland, Md. Charles L. George DATE SEP 1 Cirthur S. Frank

٨ physician please aftending 15M 9/60

g Q g g VR A15 (4)



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution, Residence before edm ssion, e. COUNTY b. COUNTY ALLEGANY MARYLAND b. CITY OR TOWN (if outside corporate l'mits, c. LENGTH OF STAY N 15 c. CITY OR TOWN (If outs'de corporate limits, write RURAL and give neerest Jown) write RURAL end give neerest town) CUMBERLAND 19 DAYS CUMBERLAND d. NAME OF HOSPITAL OR INSTITUTION (I not in hospital, give street address) d. STREET ADDRESS MEMORIAL HOSPITAL BEDFORD 3. NAME OF DATE Month DECEASED OF (Type or print) DEATH CHARLES AUGUS1 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DATE OF BIRTH 9. AGE (In years LIF UNDER 1 YEAR 86 yrs. Months DIVORCED MALE W.DOWED. 59 106. KND OF BUSINESS OF INDUSTRY 100 USUAL OCCUPATION (G've kind of work physician BIRTHP_ACE (County & State, or fore gn country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) HARVEYIS 13. FATHER'S NAME please r , 14. MOTHER'S MAIUM, NE Stending Then please JOHN KEITER MARY HAMMACK 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unkown) (If yes give wer or detes of service) removal the MEMORIAL HOSPITAL is. CAUSE OF DEATH (Enter only one cause per ine for (e), b), PART I. DEATH WAS CAUSED BY, IMMEDIATE CAUSE (e) DUE TO Conditions, if any, which gave rise to immediate cause DUE TO (a), steting the underlying PART II. OTHER SIGNIF CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 20s. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW NURY OCCURED [Enter nature of injury in Pert I or Pert II of item 18, OR CONTRIBUTING CAUSE OF DEATH 20c. TIME OF INJURY 20d, INJURY OCCURRED . 20e, PLACE OF INJURY (Home, farm, Month, Day, Year 20f. (City or town) Not While factory, street, office bldg., etc.) While et work et work 21. | certify that (I) (this hospita) attended the deceased from... . and that death occurred at ... In from the causes and on the date stated above saw the deceased alive on... 22e. SIGNATURE ATTENDING MED STAFF PHYS. DIRECTOR PHYS. 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) director, 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, fown or county) 23a, BURIAL, CREMATION, 23b, DATE THEREOF REMOVAL (Specify) SUNSET CHMBERLAND MARYLAND **ADDRESS** 250, REC'D BY REGISTRAR 256, REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) AUG 21

CUMBERLAND

DATE

a. IS RESIDENCE ON A FARM? YES NO .

Year

Days

U.S.A

(County)

MARYLAND

MARYLAND

ONSET AND DEATH

WAS AUTOPSY PERFORMED? NO 1

(Stote)

22b. DATE

(State)

SIGNED

TO HOSEI death. P. TO FUNE.

15M 9/60

SILCOX



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

8672 CERT

CERTIFICATE OF DEATH

Reg. Dist. No. 118666

٠ŀ					Reg. Dist.	No. GOUU	
)[PLACE OF DEATH O. COUNTY		2. USUAL RESIDENCE (Wh		Finstitution: Residence b	pefore admission)	
	Allegany	MARYLAND	Maryla	and	Allega	any	
	 CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 	c LENGTH OF STAY IN 16	c. CITY OR TOWN (IF o	utside corporate limits	, write RURAL and give	nearest town)	
1	Frostburg	14 vrs.	Frostbu	rg			
	d. NAME OF HOSPITAL (If not in hospital, give stree OR INSTITUTION		d. STREET ADDRESS			e. IS RESIDENCE ON A FARM?	
	Miners Hospital		/ 52 West	Main		YES NO X	
ľ	3. NAME OF First	Middle	Last	4. DATE	Month	Day Year	
ł	OECEASED (Type or print) EMMA	S	KELLER	OF DEATH	8 :	19 19 61	
Ì		RRIED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In veors IF UNDER TY	EAR IF UNDER 24 HRS	
	F W WIDOV	VED DIVORCED	8-7-1886	lost bi	Dyrs Months Do	ys Hours Min.	
	10a. USUAL OCCUPATION (Give kind of work done 10t during most of working life, even if retired)	. KIND OF BUSINESS OR INDU	STRY 11 BIRTHPLACE (Stote			OF WHAT COUNTRY?	
4	Seamstress (retiradte	ration Dept.	Store Eckl	nart	1	U.S.A.	
1	13. FATHER'S NAME		14. MOTHER'S MAIDEN N	IAME			
ı	John R. Kellar		Anna Ko	csis			
I	15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16	S. SOCIAL SECURITY NO.	NFORMANT		Address Fros	tburg, Md.	
		14-05-8315 H	arold Dudley	7.117 Wes			
Ì	18. CAUSE OF DEATH [Enter only one couse per	line for (a), (b), and (c)-]	0 1		Į.	NTERVAL BETWEEN	
J	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	remondi.	el incola	of a	1	ONSET AND DEATH	
1	4200 DUE TO						
ı	Conditions, if any, which	Atton : - Sel	on the tree	exterio	0.0	5-6 Gns	
	gove rise to immediate						
1	lying couse lost.					-	
1		CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE CONDIT	ION GIVEN IN PART 1	o) 19 WAS AUTOPSY	
1	E Con	edias. E	11 10 L	holin .		PERFORMED?	
1	PART II OTHER SIGNIFICANT CONDITIONS 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING OR CONTRIBUTING OR CONTRIBUTING OR CONTRIBUTING OR CONTRIBUTING AUSE OF DEATH (If EITHER, NOTIFY MEDICAL EXAMINER)	SCRIBE HOW INJURY OCCURRE	D. Ityler noture of injury in I	Port I or Port II of item	n 18.)		
ļ		//	P	1			
1			ACE OF INJURY (Home, form	20f. (City or town)	(Cou	nly) (Stole)	
1	Hour a.m. y hill p.m. 19 of we	e Not while	ctory, street, office bldg., etc.	·			
1		wad from 8-9	30/0/ 10	8-19	20/0/12-11-1		
1	21. I certify that lattended the decea	/ /	, 19.07., to	,		saw the deceased	
1	alive an	Cof, and that death		M, fram the cau ADDRESS-(Street, city,		ate stated above. DATE SIGNED	
ı	ACTUAL SIGNATURE . De	ill	40 39 W	mai	5/	8/22/6	
1	1/ 0 0 .	11 84 .	C,	me	_	1	
Į	PHYSICIAN'S HICONE	AL, MID	· tro	st bu	ra, m	ols	
Ī	220. BURIAL, CREMATION, PREMOVAL (Specify)	22c. NAME OF CEMETERY C	R CREMATORY	22d. LOCATION (City	, town for county)	(State)	
	Burial 8-22-61	Luthern Cem	etery	Frosth	170.00	Md -	
	23. FUNERAL DIRECTOR'S SIGNATURE HAFTER	FUNERAL HOME	24g REC'I		45. REGISTRAR'S SIGN	ATURE	
	Beulal H. Monkount 23 E.	Jain.Frostbui		G 2 4 '61	Circling S. to	ianth	



1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased I'ved, If natitution: Residence before admission) e. COUNTY STATE **b.** COUNTY Allegany MARYLAND c. CITY OR TOWN (If outs de corporete limits, write RURAL and the heads) town b. CITY OR TOWN (if outside corporete | mits. c. LENGTH OF STAY IN 16 write RURAL end give nearest town) Frostburg Life time Frostburg d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address, e. IS RESIDENCE ON A FARM? YES NO ... 14 West Main West 3. NAME OF First M ddle OF DEATH 8/26/61 DECEASED (Type or prinf) ROY ${f V}$ INCENT 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED AGE (In years III "NDER ! YEAR | IF UNDER 24 HRS. 5. SEX last b'rthday' Months Hours WIDOWED [DIVORCED 10e. USJAL OCCUPATION (Give kind of work 1 12. CITIZEN OF WHAT COUNTRY! 10b. KIND OF BUSINESS OR INDUSTR done during most of working life, even if retired) physicia Coal Mines Miner (retired) Frostburg U.S.A. 13. FATHER'S NAME Arthur Largent Anna Llewellyn 0 Then p 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Frostburg, (Yes, no, or unkown), (Hyesq vewerordetesofservice)! 191-01-0193 Mrs. Roy V. Largent, 14West Main 18. CAUSE OF DEATH [Enter only one cause per line for (e) (b), and (c).i ONSET AND DEATH I. DEATH WAS CAUSED BY. 6 + 2011 (+ · 4) IMMEDIATE CAUSE (+) DUE TO Conditions, if eny, which gave rise to immediate cause DUE TO (e), stating the underlying ceuse last. PART I. OTHER SIGN, FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0): 19. WAS AUTOPSY PERFORMED? NO M 200, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Pert I or Pert II of item 18.) 20d. INJURY OCCURRED | 20e. P.ACE OF INJURY (Home, ferm, While Not While feetory, styless, office bldg., etc.) 2De. TIME OF INJURY Month, Day, Year 20f. (City or town) (County) (State) While _Not While Hour e.m. at work at week DATE 22a. SIGNATUKE SIGNED ATTENDING MED STAFF M.D. , PHYS. DIRECTOR PHYS. 22c. PHYSICIAN'S 22d. ADDRESS FUNE ector, 238. BURIAL, CREMATION, | 236. DATE THEREOF 23d. LOCATION (City, fown or county) 23c. NAME OF CEMETERY OR CREMATORY death. REMOVAL (Specify) 0:48 Frostburg Momorial Park REGISTRAR 256. REGISTRAR'S SIGNATURE Hafer Funeral Home VR A15 (4) '61 arthur S. House **■M 9/60** Main, Frostburg, Md.



MARYLAND STATE DEPARTMENT OF HEALTH STATISTICAL RESEARCH AND RECOR PRESTON STREET, BALTIMORE 1, MARYLA 8674 . PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) e. COUNTY a. STATE b. COUNTY Allegany MARYLAND Allegany b. CITY OR TOWN (if outside corporete I mits, c. CITY OR TOWN (If outside corporete limits, write RURAL end give nearest town) E. LENGTH OF STAY IN 16 write RURAL end give nearest town) Cumberland 29days Cumberland d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS a. IS RESIDENCE ON A FARM? YES NO VE Sacred Heart Hos ital Mechanic 3. NAME OF 4. DATE Yeer Middle DECEASED OF (Type or print) DEATH John Henry Lindsav 19 August 5 SEX 6. COLOR OR RACE T, MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (in years IF UNDER 1 YEAR) IF UNDER 24 HRS. last birthdey) Months Deys Hours mala colored WIDOWED [DIVORCED 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE County & Stele, or fore an country) 12. CITIZEN OF WHAT COUNTRY? done during most of forking life, even if retired) Maryland 1198 ATHER'S NAME 14. MOTHER'S MA DEN NAME Lindsav Unknown 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT (Yes, no, or unkown) | (If yes give war or dates of service) 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c). ONSET AND DEATH PART I, DEATH WAS CAUSED BY-IMMEDIATE CAUSE (e)_ DUE TO e covern Conditions, if eny, which geve rise to immediate cause DUE TO (a), steting the underlying PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY PERFORMED? NO X 20b DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert I or Part II of item 18.)

200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

20d. INJURY OCCURRED , 20e. PLACE OF INJURY (Home, ferm, 20c. TIME OF INJURY Month, Dey, Yeer fectory, street, office bldg., etc.) While Not While Hour a.m. at work at work p.m.

20f. [City or lown]

(County) (Stata)

21. I certify that (I) (th's hospital) attended the deceased from July. 20 to Minguest It. 19.6., that (I) (we) last saw the deceased alive on . 22b. DATE 22a SIGNATURE STAFF ATTENDING

22c. PHYSICIAN'S NAME (Type)

DIRECTOR PHYS. PHYS. 22d. ADDRESS

SIGNED

(Stata)

23a, BURIAL, CREMATION, | 236. DATE THEREOF

NAME OF CEMETERY OR CREMATORY

23d. LOCATION (City, Jown or county)

25b. REGISTRAR'S SIGNATURE 25a. REC'D BY REGISTRAR

arthur & House

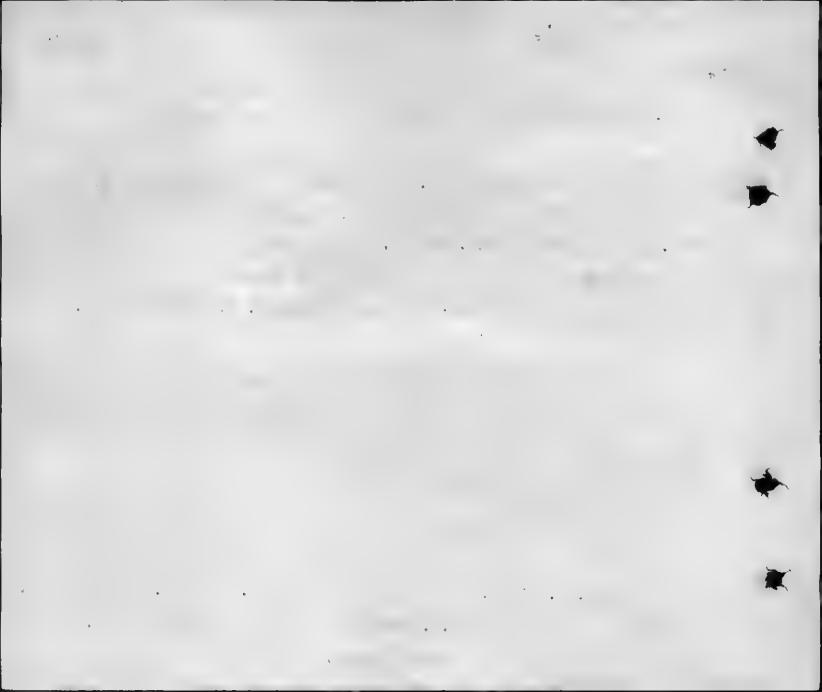
physician please affending .⊑ and Then ۾ 93 death. P. TO FUNE.

VR A15 (4)



LARYLAND STATE DEPARTMENT OF HEALTH PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH . PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if Institution, Residence before admission) a. COUNTY a. STATE b. COUNTY Allegany MARYLAND Maryland Allegany b. CITY OR TOWN (if outside corporate imits, c. LENGTH OF STAY IN 16 CITY OR TOWN (If outs'de corporata limits, write RURAL and g've nearest town) write RURAL and give nearest lown) Vale Summit Rt. 1, Frostburg 9 Months d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) . IS RESIDENCE d STREET ADDRESS ON A FARM? YES NO V NAME OF Middle 4. DATE DECEASED OF (Type or print) DEATH Stanley August 24th Loar 5. SEX 6. COLOR OR RACE | 7. MARRIED | NEVER MARRIED IF UNDER 24 HRS. lest birthday) Months Days White WIDOWED IX Male DIVORCED 10s. USJAL OCCUPATION (G ve kind of work 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY! dona during most of working life, even if retired) USA Ret. -Blacksmith

13. FATHER'S NAME F'bg.Fuel Co. Maryland 14. MOTHER'S MAJDEN NAME Emily Morgan Elijah Loar
WAS DECEASED EVER IN U.S. ARMED FORCES? TO SOCIAL SECURITY NO. 17, INFORMANT Addrass (Yes, no, or unkown) | (If yes give war or datas of sarvica) McKee Loar, Rt. Frostburg, Md. 214-01-6660 18. CAUSE OF DEATH [Enter only one cause per ine for (a), b), and (c).] INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gava risa to immadiate cause DUE TO (a), stating the undarlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS PERFORMED? NO 50 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of Itam 18.) 20a ACC DENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Dey, Year 20d. INJURY OCCURRED 20a, PLACE OF INJURY (Homa, ferm, 20f. (City or town) (County) fectory, street, office bldg., atc.) While Not While at work at work 1961, to 8-24, 1961, that (1) (see) last 21. | certify that (I) (this hospital) attended the deceased from...... 2.4 ... 1941, and that death occured A. D.M., from the causes and on the date stated above. 22a. SIGNATURE **ATTENDING** STAFF DIRECTOR PHYS. PHYS 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) W. Main St., Frostburg, Md. ath. Pa filed v 23d. LOCATION (City, town or county) 238. BURIAL, CREMATION, 236. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) Vale Summit, Md. 90 M.E. Cemetery Burial 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A1S (4) 1SM 9/60 Frostburg, Md. arthur & House



SM 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 867 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Rem Dist. No.

2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission) ALLEGANY c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) IS RESIDENCE
 ON A FARM?. YES NO Year 1601 IFUNDER TYPAR IF UNDER 24 HRS Months Hours Days 12. CITIZEN OF WHAT COUNTRY? MARYLAND-LITTLE ORLEANS U.S.A. CUMBERLAND. MD. INTERVAL BETWEEN MONTHS PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(4) 19, WAS AUTOPSY PERFORMED? YES T NO [(County) (Stole) Inspection XI, Inquiry XI, and find that Accident , Suicide , Hamicide , Undetermined cause . DATE SIGNED 22d. LOCATION (City, town, or county) (Stote) Little Orleans, Md. 24b, REGISTRAR'S SIGNATURE AUG 1 0 '61 James F. Scarpelli, Cumberland, Md. Cirthur S. Thank DATE



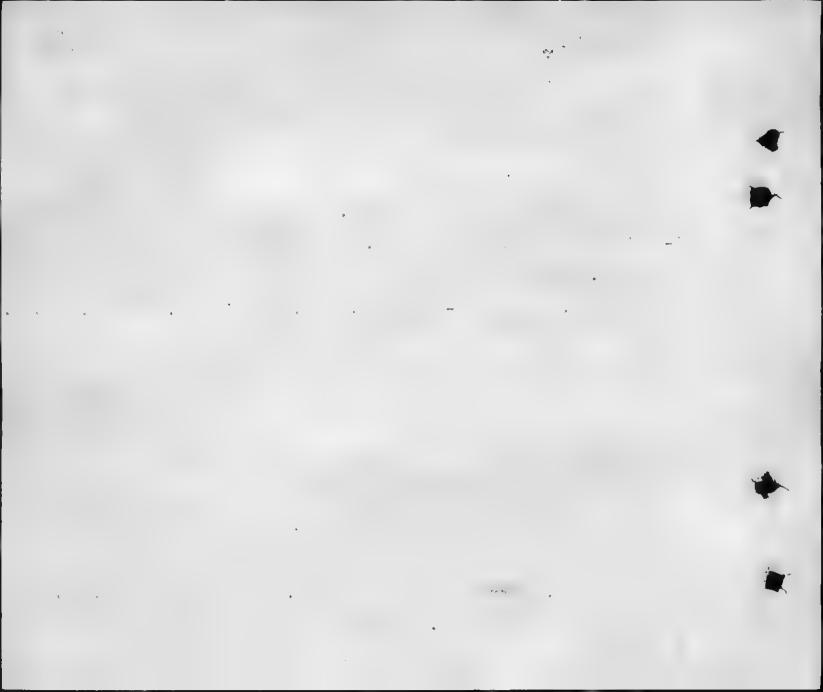
- 1	MARYLAND STATE DEPARTMENT OF HEALTH		
· · · · · · · · · · · · · · · · · · ·	No marily	DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND ()677	
24 hours after in by the funeral 1 and 2 should or death	M	1. PLACE OF DEATH a. COUNTY ALLEFANY b. COUNTY ALLEFANY C. LENGTH OF STAY IN 1b CUMPERIAND C. LENGTH OF STAY IN 1b CUMPERIAND 2. UBUAL RESIDENCE (Where daceased fived, if institution; Residence bafora admiss on) a. STATE b. COUNTY MARYLAND C. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest fown) RURAL, CRESAPTOLIN	
mpletely minim papers. 1 1998	e d	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) SACR D HEART HOSPITAL SACR D HEART HOSPITAL Frst Middea Last A DATE OP DECEASED (Type or print) CHARLES T MC DOVALD A STREET ADDRESS o. IS RESIDENCE ON A FARM? YES NOTE NOTE PEATH B 2 1961	
Pertificate be ex hysician and the remove car any event, fwitte	1	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 18. DATE OF BIRTH WIDOWED DIVORCED 11. BIRTHPLACE (County & State, or fore gn country) 10a. USUAL OCCUPATION (Give kind of work dana during most of working life, even if retired) Textiles 8. DATE OF BIRTH 9. AGE (In years if UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min. 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or fore gn country) Textiles 12. CITIZEN OF WHAT COUNTRY? Textiles 13. DATE OF BIRTH 9. AGE (In years if UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min. 10a. USUAL OCCUPATION (Give kind of work dana during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY Textiles 11. BIRTHPLACE (County & State, or fore gn country) 12. CITIZEN OF WHAT COUNTRY? 13. DATE OF BIRTH 14. DATE OF BIRTH 15. DATE OF BIRTH 16. DATE OF BIRTH 17. DATE OF BIRTH 18. DATE OF BIRTH 18. DATE OF BIRTH 19. AGE (In years if UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 24 HRS. 19. AGE (In years if UNDER 1 YEAR IF UNDER 24 HRS. 10a. USUAL OCCUPATION (Give kind of work dana during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or fore gn country) 12. CITIZEN OF WHAT COUNTRY? 12. CITIZEN OF WHAT COUNTRY?	
that the death on the attending plan. Then please emoval, and in a	I	Charles Mc Donald Amie Faller 14 MOTHER'S MAIDEN NAME Charles Mc Donald Amie Faller 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yas, no, or unknown) (Ifyas give water dates of service) WWI 055-07-1176 Charles J. McBonald, Jr. Bowling Gree 18. CAUSE OF DEATH [Enter only one cause per line for [8], (b), and (c).	
N: The law requires or aftending physicia e has been signed by the burial-transit perm ourial, cremation, or r		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (aCOTONCTY INC. Hypertensive Carcio-Vascular Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (c) PART II. OTHER S. GNIFICANT COND TIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AJTOPSY	
the hospital discernificate as fall prior to be	^	PERFORMED? YES NO TO CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
ATTENDING be retained by ECTOR: At uid be deta te Dept. of He		20c. TIME OF INJURY Month, Day, Year 20d. (NJURY OCCURRED While Not While at work 19 at	
DSPITAL OR DIRECT DIRECT DIRECT DIRECT STATES SHOWING STATES SHOWING STATES SHOWING STATES ST	1	22e. SIGNATURE Large W. Breeze. M.D. ATTENDING MED. STAFF SIGNED 22c. PHYSICIAN'S NAME (Type) ROLD W. Dallin, M. S. SIGNED 22d. ADDRESS Corpore-St. Cumberland, Med. SIGNED 22d. ADDRESS Corpore-St. Cumberland, Med. SIGNED 23e. BURIAL, CREMATION, 23b. DATE THEREOF (23c, NAME OF CEMETERY OR CREMATORY) 23d. LOCATION (City, town or county) (Siete)	
OI VR A15 (4) 15M 9/60		Burlal Aug. 5, 1961 St. Ambrose Cemetery Cresaptown, Md. 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS AD	

. , A. , " I li C. . .

funeral

physician

FUNE



MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH 2670

08673

-	- OUFAN		
1.	PLACE OF DEATH G. COUNTY	2 USUAL RESIDENCE (Where deceased lived. If institution- Residence before admission) a. STATE b. COUNTY	
-	ALLEGANY	MARYLAND ALLEGANY	
١,	b CITY OR TOWN (If autide corporate limits, write RUA-mad are regret form) #1		
1-1		T FROSTBURG- R.F.D. # 1	Cr.
	d. NAME OF HOSPITAL (If not in haspital, give street address) OR INSTITUTION	d. STREET ADDRESS e. IS RESIDEN ON A FARM YES: NO	M?
3.	NAME OF DECEASED (Type or print) JAMES H. Middle	MILLER Lost A. DATE Month Doy Year AUGEST 10 19 6	51
5	SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIES		HRS lin.
_	MALE WHITE WIDOWED DIVORCED	□ JAN. 1. 1888 73 75	
	 USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OF during most of working life, even if retired) 		TRY?
	RETIRED MINNER COAL MINE	GILMORE U.S.A.	
13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
15	GEORGE MILLER WAS DECEASED EVER IN U. S. ARMED FORCES? 16, SOCIAL SECURITY NO.	VICTORIA BUSKTRK	
	es, na, ar unknown [15] yes, give war or dates of service]	MRS. CHARLES BUCKINGHAM , HAGERSTOWN	ווער ז
-	YES *WORLD WAR 1 220-10-2722	(DAUCHTER)	
	PART I DEATH WAS CAUSED BY: 7/	ONSET AND DEAT	
	MAMEDIATE CAUSE (o) THE POLY OF THE POLY O	aux caract of course	
	Conditions if and which	depense 5-64	15
	gove rise to immediate cause (o), sloting the under-	1	
	lying couse last. (c)		
CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEA	TH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTO	PSY D?
	Chronic	ronchilis, YES NO	
CERTIF	200 ACCIDENT WAS UNDERLYING [] 20b. DESCRIBE HOW INJURY OF OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CURRED. (Enter nature of injury in Part I or Part II of item 18.)	
MEDICAL		De PLACE OF INJURY (Home form, 20f. (City or town) (County) (S foctory, street, office bldg., etc.)	State)
MED	Hour c. m p. m. 19 While Not while of work of work	indicate and other stage, since	
	21. I certify that (I) (this haspital) attended the deceased f	ram april 10, 1961, to aug. 10, 1961, that (1) (me)	last
		hat death accurred at II A.M., from the courses and an the date stated abo	ave.
	220 SIGNATURE H.C. Dieble	M.D. PHYS. MED STAFF 8/1/SIG	TE
	PHYS.CIAN'S H.C. Die /L. M	D. Frostburg, Ind.	1
23	BURIAL, CREMATION 236, DATE THEREOF 23c NAME OF CEME	TERY OR CREMATORY 23d LOCATION (City, Joyn, or county) (Store)	
	BURTAL AUG. 1#.61 MEMORIAI	PARK FROSTBURG, MARYLAND	
24	FUNERAL DIRECTOR'S SIGNATURE ADDRESS	250 REC'D BY REGISTRAR 256, REGISTRAR'S SIGNATURE "	
	GEORGE EICHHORN, LONACONING, M	ARYLAND DATE AUG 1 4 '61 Cuthur S. Kings	



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased I ved. If institution; Residence before admission) e. COUNTY a. STATE **b.** COUNTY ALLEGANY MARYLAND ATH. EGAMY b CITY OR TOWN (if outside corporate I mits, c. CITY OR TOWN (If outs da corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 write RURAL and give nearest lown? DAYS CUMBERI, ND CUMBERLAND d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street edgress) a. IS RESIDENCE d. STREET ADDRESS ON A FARM? YES NO X SACRED HEART HOSPITAL 3. NAME OF M ddle DATE DECEASED OF DEATH (Typa or print) AFGUST MOORE 19 63 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. 8. DATE OF BIRTH last birthday) Months Hours MALE WIDOWED XX D. VORCED 10a LSUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. B.RTHPLACE (Cou y & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY! done during most of working life, even if retired) West Virginia For Cumberland Contracting U.S.A. A. MOTHER'S MAIDEN NAME 13. FATHER'S NAME JOHN MOORE MARY HIGGINS 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.' 17. INFORMANT Address (Yes, no, or unkown) ((If yes give war or dates of sarvice) 218-34-4632 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate cause DUE TO (a), stating the underlying PART I. OTHER SIGNIF CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1.8), 19. WAS AUTOPSY PERFORMED? NO F 20s. ACCIDENT WAS UNDERLYING | 20b. DESCR.BE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of Iam 18)
OR CONTRIBUTING | CAUSE OF DEATH
(IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED : 20s. PLACE OF INJURY (Home, farm, 20f. (City or town) 20c. TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) Not While While Hour a.m. at work at work, and that death occured at....... M, from the causes and on the date stated above saw the deceased alive on...... DATE 22a, SIGNATURE ATTENDING SIGNED DIRECTOR PHYS. 22d. ADDRESS 22c. PHYSICIAN'S CENTER ST., CUMBERLAND., LTY. JR. M.D. 236. BURIAL, CREMATION. | 236. DATE THEREOF | 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, lown or county) (Stala) REMOVAL (Specify) BURTAL SUNSET CHMBERTAND 258, REC'D BY REGISTRAR 256, REGISTRAR'S SIGNATURE **ADDRESS** 24 FUNERAL DIRECTOR'S SIGNATURE

AUG 1 6 '61

DATE

arthur S. Henry

funeral by the and 2 death. pernoexe certificate physician please ding affer Then 0) death. Per ector, Peli Ö:g VR A15 (4) 15M 9/60

RUTH E. SILCOX

CUMBERLAND

i,



USUAL RESIDENCE (Where deceased lived. If institution Residence before admission b. COUNTY Allegany CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town)

e IS RESIDENCE ON A FARM?

West Vaco Club.Mullen Ave YES NO K Year August 19 61 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS lost birthday) Months 12. CITIZEN OF WHAT COUNTRY?

Address Cumber Land . Md.

INTERVAL BETWEEN ONSET AND DEATH

PERFORMED? YES NO

> (County) (Stote)

, ta 8/23/61 , 19 , that (I) (we) last _M, from the causes and on the date stated above.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

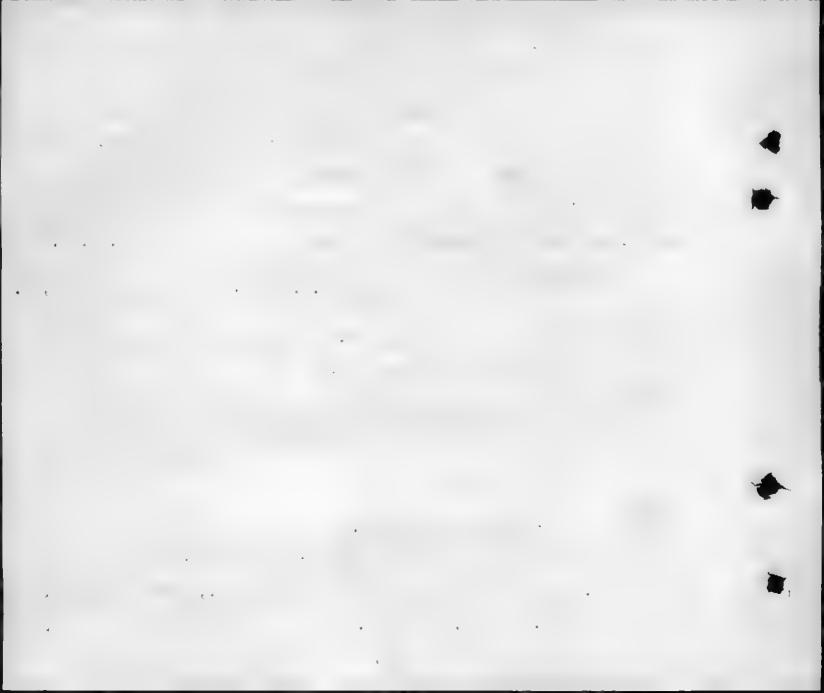
> SIGNED /61

49 Greene St., Cumberland, Md.

Westernport

(Stote) Md.

DATEUG 2 5 '61



FOR STATE HEALTH DEPT. director, Page or your files. oard of Mealth, is necessary, for your retained he State I TO DEP. ** MEDICAL EXALTRER: This certificate should be executed within 24 hours after desplease execute the certificate, ** The word "pending" in pencil in Item 18. Give Pages 1, 2, and 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 1. TO PUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours.

VS. A15M

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

8682MEDICAL EXAMINER'S CERTIFICATE OF DEATH

1.	PLACE OF DEATH		2. USUAL RESIDENCE (Where de		iance before edmission)
	ALLEGANY	MARYLAND	MARYTAND	b. COUNTY ATJEG	LANV
1	b. CITY OR TOWN (if outside corporete l.mits, write RURAL end give neerest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corp.		
4	CUMBERLAND	LIFE	CUMBERLAND		
7	d. NAME OF HOSPITAL OR INSTITUTION (if not in hos	pítal, give street address)	d STREET ADDRESS		*. IS RESIDENCE ON A FARM?
	DOA SACRED HEART HOSPITA	T	515 FURNACE S	REET	YES NO
3.	NAME OF First DECEASED	Middle	Lasi 4 DATE OF	Month De	, , , , , , , , , , , , , , , , , , , ,
		IARY O'BAKE		AUG.	31 19 61
5.	SEX 6. COLOR OR RACE 7. MARRIE		DATE OF BIRTH	AGE (In years FUNDER YEA	
4.,	FEMALE WHITE WIDOWS		DEC. 3.1881	79. Yrs.	
	a. USUAL OCCUPATION (Give kind of work 10b, Kone during most of working life, even if retired)	IND OF BC2INE22 OK INDUSTK	1 BIRTHPLACE (State or foreign cou		OF WHAT COUNTRY?
13	HOUSEWIFE OV	IN HOME	MARYLAND 14. MOTHER'S MAIDEN NAME	USA	
"	AUGUST MACKERT		CATHERINE GRE	LLER	
15	. WAS DECEASED EVER IN U.S ARMED FORCES? , 16.	SOCIAL SECURITY NO.1 17		Address	
	es, no, or unkown) (Ifyesgivewarordelesofservice)			CITMIDITION AND MOD	
	NO		AWRENCE O'BAKER	CUMBERLAND, MD.	INTERVAL BETWEEN
	PART I, DEATH WAS CAUSED BY:				ONSET AND DEATH
	IMMEDIATE CAUSE (e)	CORONARY OCCI	LUSION		_SUDDEN
	DUE TO	CODOMADA	101 FD OCT O		
	Conditions, fleny, which (b)	CORONARY	SCLEROSIS		
П	(e), stating the underlying DUE TO				
	cause lest. (c)_				
o N	PART II. OTHER SIGNIFICANT CONDITIONS CON	TRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL DISEASE	CONDITION GIVEN IN PART 1(0)	PERFORMED?
3					YES NO
CERTIFICATION	208. EXTERNAL CAUSE WAS PRIMARY OF OF CONTRIBUTING CAUSE OF DEATH.	IBE HOW INJURY OCCURED. (E	nter nature of injury in Pert I or Pert II of	item 18.)	
1 3	20c. TIME OF INJURY Month, Day Year 20d.		CE OF INJURY (Home, form, 20f. (City	or lown) (County)	(Stete)
MEDICAL	Hour e.m. While	THOI TYBIIG	ory, street, office bidg., etc.)		
-	21. I certify that I took charge of the rem		ld an Autopsy Inspection	💹, İnquiry 🗶 ai	nd in my opinion
	death resulted from: Natural causes	Accident . Suici		determined manner	
			CHIEF MEDICAL EXAMINER		
	SIGNATURE Direct Sk	top alich	M D ASSISTANT MEDICAL EXAMIN	ER T	DATE SIGNED
				X AUGUST 31, 19	961
	EXAMINER'S NAME (Type) BENEDICT SKIT	ARELIC, M.D.	Address (Street, city, lown, or	county) CUMBERLAN	D. MD
22	e, BURIAL, CREMAT.ON, 22b. DATE THEREOF REMOVAL (Specify)	22c. NAME OF CEMETERY OR	CREMATORY 22d, LOCAT	ION (City, town, or country)	(Stete)
	BURIAL SEPT.4,1961	ST. PATRICKS O	EMETERY CUMBE	RLAND, MD.	
2	3. FUNERAL DIRECTOR	ADDRESS	24e. REC'D BY REGISTI	RAR I 246. REGISTRAR'S SIGNA	ATURE
	BYRON KIGHT CUMBER	RLAND, MD.	I DATE SEP 5 '6	of arthur & f	8
			~	-L. Francis - 4 - 7	COMPANY.



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 8683 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Reg. Dist. No.

PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission) a. COUNTY b. COUNTY Allegany MARYLAND Mineral b. CITY OR TOWN Its outside corporate limits, write RURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) give negres! lown) Cumberland Minutes Wiley Ford d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Memorial Hospital YES NO 1 NAME OF Middle 4. DATE Lost Month Year DECEASED (Type or print) CTARA DEATH LARUE 19 August 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 1 8. DATE OF BIRTH 9. AGE (In years IFUNDER TYEAR IF UNDER 24 HRS. lost birthday) Months Days Haura Min. Female White WIDOWED IT DIVORCED 17 1898 yrı. 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Housewife Own Home Virginia Edinburg. U.S.A 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME James Beddows Elnora Marshall 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Mrs Gilbert Garlitz. Cumberland Md. None 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: ACUTE INCCARDIAL FAILURE L Hour IMMEDIATE CAUSE (a) **DUE TO** DISEASE Conditions, if any, which gave rise to immediate cause **DUE TO** (a), stating the underlying GORONARY SCLEROSIS cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 17. WAS AUTOPSY PERFORMED? NO S 200. EXTERNAL CAUSE WAS PRIMARY () or CONTRIBUTING () 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port II of item 18.) CAUSE OF DEATH. 20e. PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20f. (City or lown) (County) (Stote) factory, street, office bldg., etc.) a. m. Not while at work at work p. m. 21. I certify that I taak charge of the remains described above, held an Autopsy , Inspection A. Inquiry X, and find that death resulted fram: Natural causes [7] Accident . Suicide . Hamicide . Undetermined cause ACTUAL SIGNATURE DATE SIGNED CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER Berndict Shitarelic. NAME (Type) DEPUTY MEDICAL EXAMINER 220. RURIAL CREMATION, 1226, DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) REMOYAL (Smelly) Hillcrest Burial August 14. Park Cumberland. Maryland 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24o, REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE AUG 1 6 '61 John J. Hafer, Cumberland, Haryland Orthur & H DATE

5. A15ME(5)

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AARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH a. COUNTY a. STATE MARYLAND ALLEGANY b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 write RURAL and give nearest town) CUMBERLAND MD 19 DAYS
d. NAME OF HOSP,TAL OR INSTITUTION (if not in hospital, give street address) MEMORIAL & WARWICK AVES. MEMORIAL HOSPITAL 3. NAME OF DECEASED (Typa or print) JEANETTE 7. MARRIED NEVER MARRIED WIDOWED W DIVORCED 10e. JSUAL OCCUPATION (Give kind of work physician 10b. KIND OF BUSINESS OR INDUSTRY dona during most of working life, even if ratirad) Housewife Own Home 13. FATHER'S NAME please attending REV. CHARLES J. PRICE 15. WAS DECEASED EVER IN J.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT (Yas, no, or unkown) , (Ifyes give wer or datas of service) 18. CAUSE OF DEATH [Enter only one cause per PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO gave risa to immadiata causa DUE TO (e), stating the undarlying 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. TIME OF INJURY Month, Day, Year Not While Whila Hour e.m. at work at work 21. I certify that (I) (this harpital) attended the deceased from. occured ,, and that death saw the deceased alive on. 22a. SIGNATURE ATTENDING PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Typa) SCHINDLER 1 death. P. CO FUNE director, be filed v 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY REMOYAL (Specify) Burial ADDRESS VR A15 (4)

15M 9/60

2. USUAL RESIDENCE (Where deceased lived, if Institution: Residence before edmission) b. COUNTY e. CITY OR TOWN III outside corporate limits, write RURAL and give neerest town d. STREET ADDRESS a. IS RESIDENCE ON A FARM? YES NO V DEATH 9. AGE (In years | IF UNDER I YEAR last birthday) Months Days 2-22-1901 60 yrs.
Y | 11. BIRTHMACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY 14. MOTHER'S MAIDEN NAME ANNA V. HALL Address MEMORIAL HOSPITAL - CUMBERLAND.N NTERVAL RETWEEN PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? I NO I 20b. DESCR BE HOW INJURY OCCURED (Enter natura of injury in Part I or Part II of Itam IB.) 20d, INJURY OCCURRED 20a, PLACE OF INJURY (Homa, farm,) (County) 20f. (City or town) factory, streat, office bldg., etc.) P.M. from the causes and on the date stated above. DIRECTOR GREENE ST. CUMBERLAND, MD. 23d. LOCATION (City, town or county) Hill Crest Burial Park Cumberland Md. 250. REC'D BY REGISTRAR | 25b, REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE DATEAUG 1 0 '61 Byron Kight Cumberland. Md. Circles & Hours



1	Division of STATISTICAL RESEARCH AND RECORDS, 301 W, PRESTON STREET, BALTIMORE 1, MARYLAND			
FOR STATE	8685 MEDICAL EXAMINER'S CERTIFICATE OF DEATH (18679)			
HEALTH DEPT.	1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution: Residence before edinission) e. COUNTY			
essary, r. Page files. Health,	Allegany MARYLAND MARYLAND MARYLAND MARYLAND L. COUNTY Allegany			
Hez	b. CITY OR TOWN (if outs'de corporate limits, c. LENGTH OF STAY .N 1b c. CITY OR TOWN (if outside corporate I m ts, write RURAL end give nearest town) write RURAL end give nearest town)			
M of up of [M]	Pinto near Cresaptown 17 Yrs Pinto near Cresaptown			
For Board	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospita., g ve street eddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM?			
0 0 -	Cn farm of J.T. Mason			
e fur e fur Stal death	3. NAME OF First Middle Last 4. DATE Month Dey Yeer OF			
the the	(Type or print) ROBERT J. POLING DEATH August 3 1961			
the safe	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In yeers IF UNDER 1 YEAR IF UNDER 24 HRS.			
an's m	PRILE WILL VE WIDOWED D.VORCED Dec. 7, 1943 17 yrs.			
3 affi ge and	10a. USUAL OCCUPATION (G.ve kind of work done during most of working life, even if refired) 10b. KIND OF BUS NESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?			
orn Ges Pa Tin J	Farm Laborer Dairy Farm Cumberland, Maryland USA			
Page Page A Military				
i i i i i i i i i i i i i i i i i i i	William Poling Rose Dawson 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address			
18. 18. 19. 19.	(Yes, no, or unkown) (If yes give we ror detes of service)			
tred with peri	18. CAUSE OF DEATH [Enter only one cause per une for (a), (b), end (c)]			
xed in lall nsit d in	PART I. DEATH WAS CAUSED BY, MMEDIATE CAUSE (a) ASPHYXIATION: TRAUMATIC			
be e encil alle l-tra	DUE TO			
uria Oval	Conditions, if eny, which 7 (b) COMPRESSION OF CHEST 5-10 Min.			
of s of s	gave rise to immediate cause [6], stating the underlying DUE TO			
cete indir iner d as	couse lest. PINNED UNDER OVERTURNED FARM TRACTOR 5-10 Min			
"pe Xam Ase Jion,	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED?			
cal to	YES NO X			
Medical Conference of Conferen	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II.) PERFORMED? YES NO X PRIMARY ST OF CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II.) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS CONTRIBUTIONS TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II.) PERFORMED? YES NO X PRIMARY ST OF CONTRIBUTIONS TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II.)			
Uria st	rarm tractor overturned bibbing deceased under it			
2 8 C	Hour am While Not While Frechty, street, office blogs, etc.)			
EXA the Party of the Party of t				
2550 g	21. I certify that I took charge of the remains described above, held an Autopsy Inspection to Inquiry and in my opinion death resulted from: Natural causes Accident Suicide Homicide Undetermined manner			
DICA e certifi arded RECT agent,	death resulted from: Natural causes, Accident X_, Suicide, Homicide, Undetermined manner			
the certification of the certi	ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED			
PARIL Ignation	SIGNATURE OF THE COLOR OF THE C			
A P M S	EXAMINER'S A. AUGUSU). LYOL			
DEP shoul its d	NAME (Type) Benedict Skitarelic, M.D. Address (Street, City lown, or county) Cumberland, Md. 22e. Byrial Cremation, 22b. Date thereof 22c. Name Of Cemetery Or Crematory 22d. LOCATION (City, lown, or county) REMOVAL (Specify) Zion			
0 g 4 0 9	Burial August 6, 1961 Paris Memorial Cem. Cumberland, Maryland			
VS. AISME	23. FUNERAL DIRECTOR AODRESS 246. REC'D BY REGISTRAR'S SIGNATURE			
5M 9/60	John J. Hafer, Cumberland, Maryland DANUG 8 '61 Octum & Kaus			
11				



RYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND, CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution; Residence before admission) COUNTY a. STATE **b.** COUNTY ALLEGANY the 12 MARYLAND ALLEGANY by # h. CITY OR TOWN (f outs da corporate mits, c. LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporete limits, write RURAL and give nearest town) write RURAL and give negrest town! CUMBERLAND 1 DAY RT. 4.CUMBERLAND d. NAME OF HOSP TAL OR INSTITUTION (if not in hosp ta, give street eddress d. STREET ADDRESS e. 15 RESIDENCE MEMORIAL & WARWICK AVES. ON A FARM? North Branch YES NO F MEMORIAL HOSPITAL 3. NAME OF 4. DATE Middle Month DECEASED (Type or print) DEATH ASHINGTON POLLOCK AUGUST 1961 6 COLOR OR RACE 7, MARR ED AGE In years I F UNDER 1 YEAR IF JNDER 24 HRS. B. DATE OF BIRTH NEVER MARRIED F lest birthday) Hours 1-22-1890 WIDOWED [D VORCED 100 USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (County & State, or foreign country) 12, CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) NX Allegany. Md. Own Farm Farming 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ROBERT POLLOCK EMMA GRACE 15. WAS DECEASED EVER IN U.S. ARMED FORCES? , 16 SOCIAL SECURITY NO 17. INFORMANT Address (Yes, no, or unkown) | (Ifyes give wer or detes of service) MEMORIAL HOSPITAL 215-20-6496 1B. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).] INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUF TO Conditions, if eny, which gave rise to immediate cause DUE TO (e), steting the underlying ceuse lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a), 19. WAS AUTOPSY certificate PERFORMED NO I 20e ACCIDENT WAS UNDERLYING | | 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Pert 1 or Pert 11 of stem 18.) OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, Month, Day, Year 20f. (City or town) (County) (State) fectory, street, office bldg., etc.) Hour am While Not While et work at work 21. I certify that (I) (this hospital) attended the deceased from saw the deceased alive on ATTENDING 22b. DATE 22a. SIGNATURE SIGNED DIRECTOR 22d. ADDRESS 22c. PHYSICIAN'S NAME (Typa) FUNE ector, p 122 S. CENTRE ST., CUMBERLAND, MO. 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23d. LOCATION (City, town or county) (Stata) REMOVAL (Specify) O ÷ B Sunset Memorial Park Cumberland, Md. Burial 25e. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE ADDRESS 24 FUNERAL DIRECTOR'S SIGNATURE VIII A15 (4) arthur S. Mrouse '61 Cumberland. Wayne George. 15M 9/60

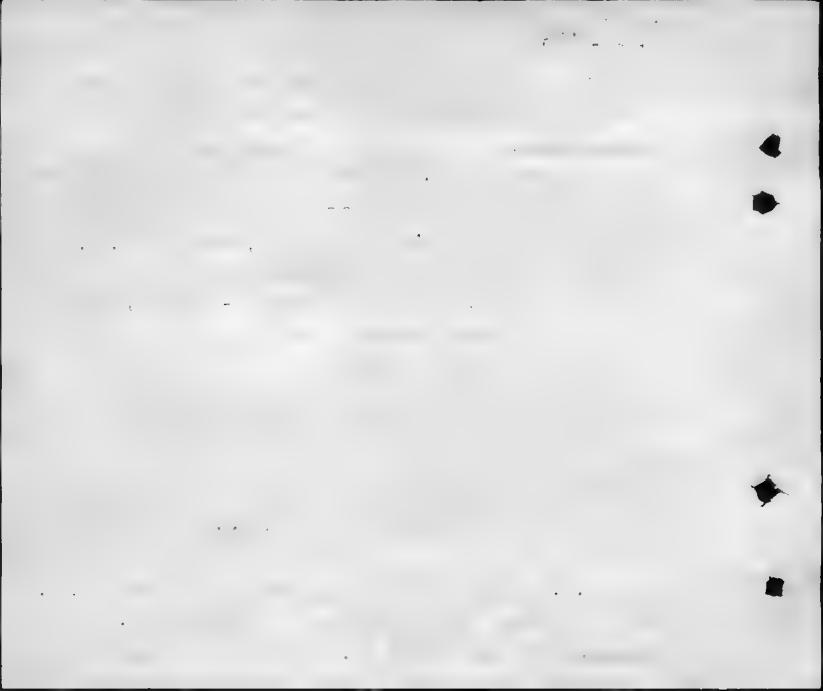


AARVIAND STATE DEDARTMENT OF HEALTH STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution, Residence before edmission) a. COUNTY **b. COUNTY** ALLEGANY PENNSYLVANIA MARYLAND SOMERSE b. CITY OR TOWN (if outside corporate fimits, . LENGTH OF STAY IN 16 c. CTY OR TOWN (If outside corporate I mits, write RURAL and give neerest town) write RURAL and give neerest town) ME YERSDALE CUMBERLAND 5 DAYS d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) e. IS RESIDENCE d STREET ADDRESS ON A FARM MEMORIAL HOSPITAL RT. #4. YES NO P 3. NAME OF 4. DATE M.ddle DECEASED (Type or print) DEATH 19 61 GEORGE WILLIAM PORTER AUGUST 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR JE UNDER 24 HRS. las bigthday) Months NOVEMBER DIVORCED WIDOWED [10s USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or fore gn country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if refired) MT. SAVAGE. MARYLAND U.S.A. 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME GEORGE G. PORTER TILLIE KENNELL 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unkown) [(If yes give war or dates of service) MEMORIAL HOSPITAL. CUMBERLAND. MD. 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND GEATH Cerebral pretastases PART I DEATH WAS CAUSED BY: 1 wik IMMED, ATE CAUSE (a) Carcinoma y Prostate DUE TO Conditions, if any, which gave rise to immediate cause DUE TO (a), stating the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 11-3) 1 19. WAS AUTOPSY PERFORMED? NO U 20b DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Part I or Pert II of Item 18.) 20a ACCIDENT WAS UNDERLYING [] OR CONTRIBUTING [] CAUSE OF DEATH 20d, INJURY OCCURRED (20a PLACE OF INJURY (Home, ferm, 20f. (City or town) 20c. TIME OF INJRY Month, Day, Year tectory, streat, office bldg., etc.) While Not While Hour a.m. et work at work 8 ang , 19 6/, that (1) (we) last 21. | certify that (I) (this hospital) attended the deceased from. SIGNED DIRECTOR 22d ADDRESS 22c. PHYSICIAN NAME TAPPES G. STEGMATER 122 S. CENTRE ST., CUMBERLAND, MD. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) 23a. BURIAL, CREMATION, | 23b. DATE THEREOF REMOVAL (Spacify) Cemetery Meyersdale Para RI Temple EUB 24 SUNEKAL DIRECTOR'S SIGNATURE VR A15 (4) DATAUG 1 4 '61 aritury & Krons 15M 9/60 Hyndman Pa



funeral oy the tand 2 st dearth. .⊆ " Pages Pa physician Гетом please ding aften 0 £ 2 8 FUN ٥ ام 2 + OF VR A15 (4)

15M 9/60



1, 2, an age 5 r 1 and 2 v 72 hours ve Pages 1, 2, PM3. Page 5 pages 1 in Item 18. Give form P permit. r's Office along w s a burial-transit p removal, and in a 8 Examiner ă be used a 28 should OR forwarded to I should be for FUNERAL 1 240 p VS. A15ME 5M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W, PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased fived, if institution, Residence befor, ediples on ALLEGANY a. STATE b. COUNTY MARYLAND b. CITY OR TOWN (if outside corporate fim ts. c. LENGTH OF STAY IN 15 c. CITY OR TOWN (If outside corporete l'mits, write RURAL end give nearest town) write RURAL and give nearest town) CUMBERIAND Kevser d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS . IS RESIDENCE ON A FARM? Memorial Hospital -- Cumberland, Md. 284 Main St YES NO 3. NAME OF Middie 4. DATE Month DECEASED OF (Type or print) IRA DEATH RAVENSCROFT 196] Aug. 6. COLOR OR RACE 7. MARRIED IX NEVER MARR ED 8. DATE OF BIRTH AGE (In yeers | IF UNDER I YEAR IF UNDER 24 HRS. last birthday) Months Hours Mala WIDOWED [DIVORCED [June. 10a USUAL OCCUPATION (G.ve kind of work 10b. KIND OF BUSINESS OR INDUSTRY BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working fife, even if retired) cCoole letired Carman .Railroad Twenty-first 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Samuel Ravenscrof Lidia Ravenscroft 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.1 17. INFORMANT (Yes, no, or unkown) | (Ifyes give wer or detes of service) Memorial Hospital -- Cumberland, Md. 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c),] INTERVAL BETWEEN ONSET AND DEATH Thoracic Hemorrhage, bilateral 29 Hrs. IMMEDIATE CAUSE (a) **DUE TO** Crushed Chest: Ruptured Right Lung Conditions, if eny, which Hrs (b) gave rise to immediate cause DUE TO (e), steting the underlying couse lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I. a) 19. WAS AUTOPSY PERFORMED? YES NO " 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of Injury in Pert f or Part II of Item 18.) PRIMARY OF CONTRIBUTING Passenger In an Automobile Accident Poe. PLACE OF INJURY (Home, form, 20f. (City or town) 20c. TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED # 2De. PLACE OF INJURY (Home, farm, (Steta) factory, street, office bldg., etc.) While Not While et work 21. I certify that I took charge of the remains described above, held an Autopsy X Inspection 3. and in my opinion death resulted from: Natural causes Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER [DATE SIGNED SIGNATURE 1 AUGUST "27 DEPUTY MEDICAL EXAMINER EXAMINER'S Skitarelic. M.D. Benedict Cumberland, Md. NAME (Type) 220. BURIAL CREMATION. 225. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (C.ty, town, or country) REMOVAL (Specify) Meadow Point Cemetery Keyser, W. Va. Burial 23/ UNERAL DIRECTOR 24e, REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE AUG 31 '61 arthur S. Kraus

DATE



1	MARYLAND STATE DEPARTMENT OF HEALTH	
NA	DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, M. SERVICE OF DEATH	ARYLAND 18684
rs after death.	1. PLACE OF DEATH • COUNTY ALLEGANY b. CITY OR TOWN (id outside corporate limits, write RURAL and give neerest town) CUMBERLAND, MD. c. LENGTH OF STAY IN 1b 2. USUAL RESIDENCE (Where decessed lived, if institution in control of the stay of the county of the stay of the county	a, IS RESIDENCE
of, within 72 hou	3. NAME OF DECEASED (Typa or print) REAZON ALONZO BUCKMAN DEATH AUGUST	TYEAR IF UNDER 24 HRS. Days Hours Min.
r removal, and in any ever	done during most and last even if refired) Retired Carpentar Construction W.VA. 13. FATHER'S NAME THOMAS LEE RUCKMAN 2ELETA HAINES 15. WAS DECEASED EVER IN U.S. ARMED FORCES 16 SOC AL SECURITY NO. 17. INFOR. 1417	S.A. Prland, Md. Aryland Ave Maryland Ave ONSET AND DEATH
I for use as the burial-stansit pe Ith prior to burial, cremation, or	DUE TO Conditions, if eny, which gever rise to immediate cause (e), stelling the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PA 20e. ACCIDENT WAS UNJERTYING 1 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Port I or Port II of Item 18.) OR CONTRIBUTING 1 20b EYE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RT 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
page 3 should be detact yed with the State Dept. of Heal	Hour a.m. p.m. 19 While Not While factory, streat, office bldg., etc.) AUG. 21. 1 certify that (this hospital) attended the deceased from	(Stele) 9.4., that (we) last the date stated above SIGNED
pe director, pe filled (4)	23a. BUR.AL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) Burial 8/6/61 Greenmount Cemetery Cumberland, Mc 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS H. Wayne George, Cumberland, Md. DATE AUG 8 361	niy) (Stata)



DSTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution, Residence before edmission) e. COUNTY **b.** COUNTY ALLEGANY MARYLAND MARYLAND b. C.TY OR TOWN lif outside corporate limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outs'de corporete limits, write RURAL end g've neerest town) write RURAL and give nearest town) CHIMPERITAND 10 min. ELLERSLIE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS SACRED 3. NAME OF Middle 4. DATE Month DECEASED OF (Type or print) DEATH EMORY SHAFFER 6. COLOR OR RACE 7. MARRIED TO NEVER MARRIED 9. AGE (In years | IF UNDER 1 YEAR 8. DATE OF BIRTH last birthday) Months Days WIDOWED [DIVORCED [EN MALE 2-36 age 5 m and 2 72 hou 10a. JSUAL OCCUPATION (Give kind of work BIRTHPLACE (Stelle or fore gn country) 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? done during most of working (ife, even if retired) Bartender
13. FATHER'S NAME within HARYLAND 14. MOTHER'S MAIDEN NAME PM3. Nevin Araig Shaffer Flossie Smith

15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 17 INFORMANT File (Yes, no, or unkown) (Ifyesgivewerordetesofservice) Yes 1954-57 219-34-6040 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).) PART I. DEATH WAS CAUSED BY: INTRACRANTAL HEMORRHAGE IMMEDIATE CAUSE (e) DUE TO SKULL FRACTURE any, which geve rise lo immediate cause DUE TO (e), stelling the underlying PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6)1 19. WAS AUTORSY CERTIFICATION 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert I or Pert II of tem 18.) PRIMARY TO OF CONTRIBUTING CAUSE OF DEATH. Accident 20e, PLACE OF INJURY (Home, farm, MEDICAL 20c. TIME OF INJURY Month, Day, Year 20f. (City or town) fectory, street, office bldg., etc.) While Not While Bedford, = the Pr et work et work 19 67 Route 96 near 21. I certify that I took charge of the remains described above, held an Autopsy | | | Inspection 😿 Inquiry 📌 O DIRECT od agent, Undetermined manner death resulted from: Natural causes Accident 😿 Suicide Homicide CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER FUNERAL
its designate SIGNATURE . DEPUTY MEDICAL EXAMINER August 5, 1961 EKAMINER'S DEPU Benedict Skitarelic, M.D. Add NAME (Type) Address (Street, city, town, or county) 22d. LOCATION (City, lown, or country) Md (Stote) 226. BURIAL, CREMAT ON, 226. DATE THEREOF Z40 9 Aug. 8.1961 Porter Cemetery Hyndman, Pa. RD#1 ADDRESS 246. REC'D BY REGISTRAR | 246. REGISTRAR'S SIGNATURE VS. A15ME Hyndman, Pa. Cirthur & Krous 5M 9/60

AND STATE DEPARTMENT OF HEALTH

ALTEGANY

. IS RESIDENCE ON A FARM?

YES NOK X

19

Hours

U.S.A.

INTERVAL BETWEEN ONSET AND DEATH

40 Min.

Min.

PERFORMED? NO F

and in my opinion

DATE SIGNED

(County)

IF UNDER 24 HRS



MARYLAND STATE DEPARTMENT OF HEALTH			
DIVISION OF STATISTICAL	CERTIFICATE OF DEATH		
LACE OF DEATH	1) 2 VISUAL RESIDENCE (Where decasted I ved. H institution, Residence before admis-		

١), PLACE OF DEATH a. COUNTY	a. STATE Md. b. COUNTY Allegany			
71	Allegany MARYLAND				
	b. CITY OR TOWN (if cutside corporate limits, write RURAL and give necess town] Rural-Westernport	c. City OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural-Westernport			
	d NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddrass)	d. STREET ADDRESS			
	1 Mi. N. Westernport	1 Mi. N. Westernport ON A FARM?			
· .	3. NAME OF DECEASED (Type or print) Elmor Bernie Sh	neffler OF Aug. 13 Per 19 61			
	S' MARKEN K SEATE WARRED]	Peb. 24,1888 9 AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. Isat birthday) 73 yrs. 73 yrs.			
	Tios. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ware houseman Too. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Dept. Store	Y, 11. BRTHPLACE (County & Siete, or foreign country) 12. CITIZEN OF WHAT COUNTRY? U.S.A.			
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME			
$\left(\cdot \right)$	Bernie Sheffler	Emily E. Hockman			
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17 INFORMANT (Yes, no, or unknown) (lifyesgive we cardelessof serv.ce) 335-10-2220 Mrs. Anna Sheffler-Westernport, Md.				
	DUE TO Canditions, if eny, which \(\(\begin{align*} \) (b)	Interval Between ONSET AND DEATH 30mins			
	gave rise to immediate cause (e), stating the underlying ceuse lest. PART II. OTHER SIGN FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1,e), 19, WAS AUTOP PERFORMED PERFORMED				
	PART II. OTHER SIGN FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II. STATE OF THE PERFORMED? PERFORMED? YES NO DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of Item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				
		CE OF INJURY (Home, ferm, ory, straat, office bldg., etc.) (City or lown) (County) (Stata)			
	21. 1 certify that (I) (this hospital) attended the deceased from				
2	22a. SIGNATURE	ATTENDING MED. STAFF PHYS. DIRECTOR PHYS. DIRECTOR PHYS. 1969			
2	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY REMOVAL (Specify) 9/16/61 Physics	OR CREMATORY 23d. LOCATION (City, town or county) (State) Westernport Md.			
	Burial 8/16/61 Philos				
	24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS Westernport, Md.	256. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE			
	DATE AUG 17'61 arthur S. Kraus.				

TO HOSTIC OR ATTENDING PHYSICIAN: The law requimental that the death certificate be executed within 24 hours after the death.

A death.

TO HOSTIC OR ATTENDING PHYSICIAN: The law requiments that the death of the may be retained by the hospital physician.

To HOSTIC OR DIRECTOR: A first certificate has been signed by the attending physician and mipletely fin by the funeral of the defect of for use as the burial-transit permit. Then please remove cart, papers. Pages 1 and 2 should be filed with the State Dept. of Health mrim to burial, cremation, mr removel, mnd in any event, within 72 hours after death.



MARYLAND STATE DEPARTMENT OF HEALTH



ARYLAND STATE DEPARTMENT OF HEALTH OF STATISTICAL RESEARCH AND RECORDS 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before edmission) . COUNTY a. STATE 42 47 ALLEGANY MARYLAND b. CITY OR TOWN (if outside corporate l'mits, c. LENGTH OF STAY N 16 c. CITY OR TOWN (If outside corporate fimits, write RURAL and give neerast town) write RURA, and give nearest town) d. STREET ADDRES OLDTOWN, MARYLAND d. NAME SUMBERLANDS ITMARY LAND SOUTH GIVE 32 PAYS CUMBERLAND, MD. HOSPITAL executed 3. NAME OF 4. DATE DECEASED OF (Type or print) DEATH SLIDER AUGUST 13 7. MARRIED I NEVER MARRIED I lemb rindey) ang MALE WIDOWED X DIVORCED [please rem IDa. USUAL OCCUPATION G ve kind of work 10b. K NO OF BUSINESS OR INDUSTRY 11. Of the PLACE (County & State, or foreign country) done during most of working life, aven if retired) GreenridgeU.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME .⊆ attending and 16. SOCIAL SECURITY NO removal, (Yes, no, or unkown) [[[vesquewerordetesofservice No MEMORIAL HOSPITAL CUMBERLAND. MD. 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b,, end (c,... I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) DUE TO (b) DUE TO (e), sleting the underlying PART I. OTHER SIGNIF CANT CONDIT ON CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19, WAS ALTOPSY prior 200. ACC DENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURED, lEnter neture of injury in Pert I or Pert I of Item 18.) for for 20d. NJURY OCCURRED , 2De. PLACE OF INJURY Home, farm, 2Df. (City or town) 20c. TIME OF INJURY Month, Day, Year fectory, street, office bldg., etc.) Not While While et work at work 10. 21. I certify that (I) (this hospital) attended the deceased from ... saw the deceased alive on.,19, and that death occurred at .: 30 P.Mfrom the causes and on the date stated above. 122a. SIGNATURE ATTENDING MED 0 PHYS. DIRECTOR 22c. PHYSICIAN'S 22d. ADDRES NAME (Type) HOSPI Path. P SIMONS ector, I 23c. NAME OF CEMETERY OR CREMATORY 23a, BUR AL, CREMATION, 23b, DATE THEREOF 0.42 8-16-61

PHYS. 23d, LOCATION (City, town or county) Zion Memoral Cemetery Cumberland, Maryland 256. REC'D BY REGISTRAR 256. REGISTRAR'S S GNATURE Cumberland, Md. James F. Scarpelli DATEAUG 1 7 '61 arthur - 8 - Kinesa

h. COUNTY

ALLEGANY

Months Deys

.County)

. IS RESIDENCE ON A FARM?

YES NO K

12. CIT ZEN OF WHAT COUNTRY?

INTERVAL BETWEEN ONSET AND DEATH

> PERFORMED' NO

> > (State)

SIGNED

(Stete)

VR A15 (4)

15M 9/60

24 JUNERAL DIRECTOR'S SIGNATURE



e funeral director, shauld be filed with TO HOSPITAL OR ATTENDING PHYSICIAN: The form requires that the death certificate be executed within 2 Hours offer death. Page 4 filled in Micote has been signed by the attending physicion and cample? 33the bunal-transt permit. Then please remaye corban papers

cremation, ar remayal, and in any event, within the bours aft

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

L		0033		CERTIFIC	AIE	OF DEATH	_			
) [PLACE OF DEATH	Llegany		MARYLAI	2.	usual residence (Who state Maryla	ere deceased li	ved. If institutions Res b. COUNTY A1	idence before d Legan	
	b. city or town	l (If autside carporate lin nearest tawn) CONING	its write	c. LENGTH OF STAY IN	1Ь	Lone	utside carporat		ind give neares	it town)
\perp	d. NAME OF HOS	PITAL (If not in hospital,	give street	address)		d STREET ADDRESS	`			IS RESIDENCE
	OR INSTITUTIO	St.Marys	Terr	ace		/ St.M	larys [aerce		ON A FARM?
3	NAME OF DECEASED	Fi	rst	Middle		Last	4. DATE OF	Month	Day	Yeor
L	(Type or print)	Agn	es	Α.	S	mith	DEATH	August	11	19 61
5	SEX	6. COLOR OR RACE	7- MARE	IED NEVER MARRIED	□ B. D.	ATE OF BIRTH	9.	AGE (In years IF UN		UNDER 24 HRS
	Female	White	WIDOWI	DIVORCED] Ma	rch 22,18	82	79 yrs Mont	hs Days H	laurs Min
H	Da USUAL OCCUPA during mast af w	TION (Give kind of work arking life, even if retired	dane 10b.	KIND OF BUSINESS OR II	NDUSTRY	11, BIRTHPLACE (State	ar foreign coun	itry) 12.	CITIZEN OF W	/HAT COUNTRY
V	nor		"			Garrett	County	Md.	U.S.	A.
1;	3. FATHER'S NAME				14	. MOTHER'S MAIDEN N				
		James Wei	r			Ann Mc	Millia	an		
	Yes, no, or unknown)	VER IN U. S. ARMED FO		SOCIAL SECURITY NO.	7, INFOR			Address		
L'	no	pr yes, gree was as assess or			Mrs	. Sherman	Hvde	Lonaco	ning.	M_{d}
ľ	18. CAUSE OF D	EATH [Enter only one o	ouse pessiii	ne for (a) (b), and (c).		"Daughter		4		AL BETWEEN
	PART I D	EATH WAS CAUSED BY:	" (g	Suebral	Wa:	scular C	proud	ent	3 (SOLLS
П	DUE TO C									
ı	Canditions, if	any, which)	d) "	terreco	040	212			Un	ea.A
ı	gave rise ta cause (a), statis								1	بديرس
ı	lying cause lo		c}							
á	PART II.	THER SIGNIFICANT COL	ADITIONS O	ONTRIBUTING TO DEATH	BUT NOT	RELATED TO THE TERMI	NAL DISEASE C	ONDITION GIVEN IN	PART 1(a) 19.	WAS AUTOPSY PERFORMED?
F	Seven	Rhoum	utor	d Certhint	j -	Congesti	ve ho	aut kul		ES NO
CEDTIEICATION		WAS UNDERLYING [] NG [] CAUSE OF DEATH FY MEDICAL EXAMINER)	20b DES	CRIBE HOW INJURY OCCU	JRRED. (E	nter nature of injury in F	Part or Part	of item 18) V		
MEDICAL	20c. TIME OF INJ	n-	ear 20d. II	NJURY OCCURRED 20	b. PLACE factory,	OF INJURY (Hame, form street, affice bldg., etc.	, 20f. (City a	town)	(County)	(State
124	p. n	n. 19	at war							
	2). 1 certify t	hat (I) (this haspita	l) attend	led the deceased fro	am Cag	<u> 2011 - 12</u>	5610	49 1.1 1	9.6.1, that	(I) (we) las
ı	saw the dece	eased alive an	9-9	1961 , and th	at deal	h accurred at 5.4	M, fram th	e causes and an	the date s	tated abave
	220. SIGNATURE	mile	Fr	an	M.D	ATTENDING ME	ED RECTOR	STAFF PHYS	3.1	22b, DATE SIGNED
	22c. PHYSICIAN' NAME (Type		ES,	IR., M.D		22d ADDRESS	com	ing n	rd.	
2		TION, 236 DATE THERE	OF	23c NAME OF CEMETER	RY OR CR	EMATORY	23d. LOCATIC	N (City, Idwn, or coun	ily)	(State)
	Buriai	8/13/	61	Philos	Cem	etery		sternport	* *	Vid.

page 3 should be detached far the State Board of Mealth priar

may be re-VR A15 (4) 15M 9/59

attending physician

ECTOR: After this

24. FUNERAL DIRECTOR'S SIGNATURE George Eichhorn

ADDRESS Lonaconing, Md. 25a. REC'D BY REGISTRAR DATE 3116 1 4 '61

256, REGISTRAR'S SIGNATURE arthur S. Kinns

Westernport,

(18689



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ertificate should be executed within 24 hours after death. If any delay is necess sending in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Per's Office along with farm PM3, Page 5 may be retained for your filment	100	
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W : :	d be used as a burial-	
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TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the catificate, writing the ward "pending" in pendi in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forward. In Chief Medical Examiner's Office along with form PM3, Page 5 may be retained for your film.	-	
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VS. A15ME(5) 5M 9/55

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist. No. 1869()

1. PLACE OF DEATH o. COUNTY Allogany MARYLAND	2. USUAL RESIDENCE (Where deceased lived (f institution; Residence before admission) o. STATE Maryland b. COUNTY Allegany							
b. CITY OR TOWN (if outside corporate limits, write RURAL and give necres form) Cumberland	c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) Cumberland							
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS e. IS RESIDENCE							
Memorial Hospital	712 Avondale Ave.							
3. NAME OF DECEASED (Type or print) ANNIE MARY STE	GMATER 4. DATE Month Day Year Of DEATH August 5 19 61							
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 1								
Female White WIDOWED TO DIVORCED	March 18, 1876 85 yrs. Months Days Hours Min.							
10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUS during most of working life, even if retired) HOUSEWIFE	ITY 11 SIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? Cumberland, Maryland U.S.A.							
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME							
Joseph Detterman	Barbara Lydinger							
(Yes, no, or unknown) (If yes, give war or dates of service)	NFORMANT Address							
	s. Edward L. Melvin Cumberland, Maryland							
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c),] PART I. DEATH WAS CAUSED BY: UMMEDIATE CAUSE (a) CEREBRAL HE	MORRHAGE INTERVAL BETWEEN ONSET AND DEATH 3 DAYS							
Conditions, If ony, which gave rise to immediate cause (o), stating the underlying cause tast.	ROTIC CARDIOVASCULAR DISEASE							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED? FRACTURE OF RIGHT HIP								
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED? YES NO MEDICAL PRIMARY OF CONTRIBUTING TX CAUSE OF DEATH. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED? YES NO MEDICAL PRIMARY OF CONTRIBUTING TX FELL OUT OF BED AT HOME								
	CE OF INJURY (Hame, farm, 120f. (City or town) (Caunty) (State)							
	ory, street, office bldg., etc.) HOME CUMBER LAND. ALLEG. MD.							
21. I certify that I took charge of the remains described abo								
death resulted fram: Natural causes Accident X, Suicide Amicide Accident X, Suicide Accident X.								
ACTUAL Benedict Skitarelie M.D. CHIEF MEDICAL EXAMINER [] DATE SIGNED								
EXAMINER'S BENEDICT SKITARELIC, M.D.	ASSISTANT MEDICAL EXAMINER AUGUST 5, L96L							
220. SURIAL CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OF REMOVAL (Specify)								
Burial Aug. 8, 1961 DS Peter & Pat								
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	246. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE							
Haus Toin Mall7 Frederick St. Cumb	350 DATE AUG 9 '61 arthur S. Kraus							



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 3697 funeral PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before admission) a. COUNTY a. STATE b. COUNTY by the fand 2 and 2 death. ALLEGANY MARYLAND ALLEGANY b. CITY OR TOWN (if outs de corporete limits. c. LENGTH OF STAY IN 1b c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest fown) write RURAL and give nearest town) 28 days CUMBERIAND CUMBERTAND d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS a. IS RESIDENCE ON A FARM? YES NO NO SACRED HEART death certificate be executed 3. NAME OF Middle Lasi DECEASED OF (Type or print) DEATH CATHERINE THUSS H UNDER 24 HRS. AGE (In years | IF UNDER 1 YEAR 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 5. SEX last birthday) Months Devs FEMALE WIDOWED X DIVORCED physician 10a USUAL OCCUPATION IG ve kind of work 12. CITIZEN OF WHAT COUNTRY? 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (County & State, or foreign country) done during most of working life, even if retired) MARYLAND Cumberland U.S.A. HOUSEWIFE, Seamstress Self Emp. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME please attending Annie Walters and CHARLES MCDERMOTT 15. WAS DECEASED EYER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO | 17. INFORMANT Then oval. (Yas, no, or unkown) ((Ifyes give war or dates of service) physician. 214-05-4088 CHART 18. CAUSE OF DEATH [Enter only one cause per line INTERVAL BETWEEN ONSET AND DEATH signed by PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) **DUE TO** Conditions, if any, which gave rise to immadiate cause DUE TO [e], steting the underlying has couse fast. PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART (16) 19. WAS AUTOPSY PERFORMED? NO R YES 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of item 18.) 20e. ACCIDENT WAS UNDERLYING OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) (State) 20c. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, ferm, 1 20f. (City or lown) (County) factory, street, office bldg., etc.) While Not While Hour a.m. et work at work D. Ro 21. I certify that (I) (this hospital) attended the deceased from 19.5., to 19.5., to 19.5., that (I) (we) tast the deceased alive on 19.5., and that death occurred at 5.5M, from the causes and on the date stated above. ATTENDING DATE 22a. SIGNATURE SIGNED DIRECTOR PHYS. PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) Clay Durrett, M.D. 236 Virginia Avenue 23d. LOCATION (City, town or county) 23c. NAME OF CEMETERY OR CREMATORY 23a, BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) နိုင်္ခဲ့နှ St. Marys Cem. Cumberland. Md. Burial 25a, REC'D BY REGISTRAR 25b, REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) James F. Scarpelli Cumberland, Md. arthur S. Thousa 15M 9/60 DATSEP 1

RYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

MARYLAND

c LENGTH OF STAY IN 15

2/26/1961

Allegany

b. CITY OR TOWN (If autside carporate limits, write

d. NAME OF HOSPITAL (If not in hospital, give street address)

RURAL and give nearest tawn)

Cumberland

08692

e. IS RESIDENCE ON A FARM?

Allegany

2 USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission)

c CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town)

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d. STREET ADDRESS

Cumberland

b. COUNTY

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effending physician.
Ficate has been signed by the attending physician and cample state busial-transit permit. Then please remave carbon papers affect, cremation, or removal, and in any event, within 72 haurs affected.

VR A15 [4] 1SM 9/59

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3 N	NAME OF DECEASED		First		Middle	Lası		4. DATE OF		Month	Day	y Ì	Yeor
	Type or print)	I	da	Bl	anch	Tripl	ett	DEATH	Aug	ust	22,	. 1	1961
5 5	EX	4. COLOR OR RA	ACE 7. MAR	RRIED NEVE	R MARRIED .	DATE OF BIRTH	1	5	AGE (In ye		RIYEAR		
F	Female	White	WIDOW	VED X	DIVORCED 🗔	2/20/18	372			yrs. Months	Days	Haurs	Min
10a.	USUAL OCCUPATION during mast of working	N (Give kind af w	rark done 10b	. KIND OF BUS	INESS OR INDUS	TRY 11 BIRTHPL	ACE (State a	r fareign cou	intry)	12, C	ITIZEN OF	WHATC	OUNTR
	Housewif	•				Kerns	s, We	st Vi	rgin	La	U.	SA	A .
13. F	FATHER'S NAME		. 7 -			14. MOTHER'S							
	ETe	m Dani	TE					. Wiln					
	WAS DECEASED EVER	IN U. S. ARMED f yes, give war or date		S. SOCIAL SECU	RITY NO. 17, IN	FORMANTP . (Box.	599		Addres C UX	nber.	land	1,M
					Al	legany	Coun	ty Ir	firms	ry re	cor	ds.	
	1B. CAUSE OF DEAT		المهند	line for (a), (b),	ond (c)]	1 0		` ,	d	-		RVAL BE	
	PART I. DEAT	H WAS CAUSED IMMEDIATE CAUS	BY SE (a) N	4001	calile	s. CK	Mus	eo d	cscul	seles	2		
	422./ DUE TO -												
ı	Conditions, if any, which) (b) arlener-Schenare, Secrebe,												
	gave rise to in cause (a), stating t		E TO				-7						
-1	lying cause last.)	(c)										
NO.	PART II. OTH	ER SIGNIFICANT	CONDITIONS	CONTRIBUTION	G TO DEATH BUT	NOT RELATED TO	THETERMIN	NAL DISEASE	CONDITION	GIVEN IN P	ART 1(0) 1	9 WAS A	AUTOP RMED?
₹.												YES 🗌	
ACCIDENT WAS UNDERLYING (20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING (IF EITHER, NOTIFY MEDICAL EXAMINER)													
	20c. TIME OF INJURY Haur a.m.	Month, Doy,	While		foo	CE OF INJURY (I			or town)		(County)		(Sic
MED	p m		19 at wo	ork at work				<u> </u>		4 '			
	21 I certify that	1 / 1			eosed from	2/26/6.	12	, .tot	3/22/	1 2, 19	th	ot (I) (we) k
	saw the decease	ed alive on_	8/22/3	61 19	ond that d	eath occurred	d ot	M, fram t	he causes	ond an t	he date		
	220. SIGNATURE	On sa	1-3	126		ATTENDING	G MF	D ==	STAFF			221	b DATE SIGN
		Tellal	Leeve	1/4		V.D PHYS.		D. RECTOR M	PHYS.		8	123/	761
	22c PHYSICIAN'S NAME (Type)	Dr. L	ee B.	Mathe	Lia	22d. ADDRE	Gree	ne Si	di	mber	land	. Mo	a .
												, ,,,	
230.	BURIAL CREMATION	1, 236. DATE TH	5/6/	23c NAME	OF CEMETERY OF	t Cer	u.	23d LOCATI	ON (City to	on, or county	ud	(Stole	0)
	FUNERAL DIRECTOR S	SIGNIATING	4	ADDRES	2		250 REC'D	AV PEGISTE	AR 255 F	EGISTRAR'S	SIGNATUI	RE	
24.	ONTERNE DIRECTOR;	SOME	1) .	A ADDRY	7 /				1	EDISTRAN S	3101111101		
24.	John 5	Hay	fer,	Ceruk	erland	Turs		G 2 8 '6		arthur .			



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) PLACE OF DEATH e. COUNTY e. STATE **b.** COUNTY by the and 2 death. ALTIEGANY MARYLAND ALLEGANY c. CITY OR TOWN (If outside corporete limits, write RURAL and give neerest town) b. CITY OR TOWN (if outs de corporete limits, C. LENGTH OF STAY IN 16 by write RURAL and give nearest town) Route #2 CUMBERLAND RURALSESE CUMBERLAN e. IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospifel, give street address) d. STREET ADDRESS ON A FARM? YES NO K HOSPITAL ereiy 4. DATE Day NAME OF Middle Year DECEASED DEATH (Type or print) AGE (In years FUNDER) YEAR IF UNDER 24 HRS. 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH last birthdey) Months Days WIDOWED Y DIVORCED Dec 25 12. CITIZEN OF WHAT COUNTRY? 10e. USUAL OCCUPATION (Give kind of work 106, KIND OF BUSINESS OR INDUST LACE (County & Stee, or foreign country) done during most of working life, eyen if retired, AT HOME HOUSEWIFE WEST VURGINIA II X A 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME MARTIN KEPLINGER AMELIA FEASTER 15. IV AND MARK EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17 INFC (Yes, no, or unkown), (Ifyesg vewarordatesofservice) INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (1), (b) and (c).] ONSET AND DEATH PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) **DUE TO** Conditions, if any, which (b) gave rise to immediate cause DUE TO (e), stating the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(e) 19. WAS AUTOPSY cafe PERFORMED? NO / 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURED (Enter nature of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY Month, Day, Year 1 20d, INJURY OCCURRED | 20s. PLACE OF INJURY (Home, farm, 1 20f. (City or town) (County) factory, street, office bldg., etc.) While Not While et work al work 21. I certify that (I) (this hospita) attended the deceased from A ..., and that death occured atta. AM, from the causes and on the date stated above, saw the deceased alive on A.A. 22a, SIGNATUR ATTENDING PHYS. -DIRECTOR M D 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) FUNER Bland M. Schindler M.D. 43 Green St., Cumberland, Md. (Stete) 1 23d LOCATION (City, town or county) 236, BURIAL, CREMATION, | 23b. DATE THEREOF 1 23c. NAME OF CEMETERY OR CREMATORY ه څ٠ 0 FLINTSTONE GLENDALE 25e. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** VR A15 (4) Orther & Flours 15M 9/60 RUTH E. SILCOX CUMBERLAND MARYLAND

certificate

MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

08694

1. PLACE OF DEATH 0. COUNTY	MARYLAND	o. STATE	P COUNT						
b. CITY OR TOWN (If outside corporate limits, write	c. LENGTH OF STAY IN 16	MARYTANT		RURAL and give negrest town)					
RURAL and give nearest town)			noo corpororo minis, mino	4					
d. NAME OF HOSPITAL (If not in haspite! give street	1 50 YEARS	d STREET ADDRESS		e. IS RESIDENCE					
OR INSTITUTION	· ·	SIREE! ADDRESS		ON_A FARM?					
139 NATIONAL HIGHWA		IL 139 NATIONAL	Add Mark Tolday	YES NO 🔀					
3. NAME OF First DECEASED	Middle		OF	onth Day Year					
(Type or print) MARGARET	E. WAGNE	-	DEATH AUG.	9, 1961					
S. SEX 6 COLOR OR RACE 7. MARK WHITE WIDOW!	RIED NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH JUNE 9,1878	9 AGE (In years last birthdoy) 93 yrs	Months Doys Haurs Min.					
10a. USUAL OCCUPATION (Give kind of work done 10b.	KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (State or	foreign country)	12.CITIZEN OF WHAT COUNTRY?					
during most of working life, even if retired) HOUSEWIFE	OWN HOME	MARYLAND		TISA					
13. FATHER'S NAME		14. MOTHER'S MAIDEN NA	WE	UMG.					
PATRICK SHERRY		MARGARET B	TATATTV						
	SOCIAL SECURITY NO. 17 H	NFORMANT		dress					
[Yes, no, or unknown] [If yes, give wor or dates of service]		1000 T11000 TTT							
NO	NONE	MRS. JAMES WIL	HENTS, Lavai						
18. CAUSE OF DEATH (Enter only one couse per li				ONSET AND DEATH					
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 17	<u>teriosclerot</u>	ic cardio va	scular dis	case 3 Juans					
412 - DUE TO									
Conditions, if ony, which) (b)				}					
gove rise to immediate DUE TO									
lying cause last. (c)	luing gaven had								
Part II. OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINA	AL DISEASE CONDITION G	IVEN IN PART 1(a) 19 WAS AUTOPSY					
ITY I				PERFORMED? YES NO.					
PART II. OTHER SIGNIFICANT CONDITIONS OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in Par	t I or Part II of item 18)	,					
	NJURY OCCURRED 20e PL	ACE OF INJURY (Hame, farm,	20f. /City or town)	(County) (State)					
20c TIME OF INJURY Month, Doy, Year 20d. If Hour o. m. 19 While of wor	Not while fo	clory, street, office bldg., etc.)	zon (con) or rowny	(county) (society					
21 I certify that (I) (this haspital) attend	led the deceased fram	3 - 26 195	8, to 8 - 9	, 19_61, that (I) (we) last					
saw the deceased alive an	719_61 and that a	death accurred at 9a N		and an the date stated above					
220. SIGNATURE				22b DATE					
Taga la Force	• ,	M.D. ATTENDING MED DIRECT	CTOR PHYS	\$ GNED					
NIAME (Time)	llin, II.J.	62 Greene	St. Cumbe	rland, 12. 8-9-					
230. BURIAL, CREMATION 23b. DATE THEREOF REMOVAL (Specify) BURIAL ATIG. 11.1961	23c NAME OF CEMETERY C		3d LOCATION (City, town	or county) (State)					
BURIAL AUG. 11,1961		WRIAL PARK	FROSTBURG,	GISTRAR'S S GNATURE					
14 LOUGENT DIRECTOR 2 SIGNATURE	AODRESS		BY REGISTRAR 256 REC						



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution, Residence before admission) e. COUNTY a. STATE b. COUNTY ALLEGANY ALLEGANY by the and 2 death. MARYLAND b. CITY OR TOWN (1 outside corporete limits c. LENGTH OF STAY IN 16 CITY OR TOWN (If outside corporete limits, write RJRAL and give nearest town) write RURAL and give neerest town) 2 DAYS CUMBERLAND 2 d. NAME OF HOSE JAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS a. IS RESIDENCE ON A FARM? YES TO NO KT MEMORIAL HOSPITAL 1300 LEXINGTON AVE 3. NAME OF 4 DATE Month Year Midd e DECEASED OF 1961 (Type or print) DEATH AUGUST 10 JOHN WHITACRE HE NRY 9. AGE (In years 1 F UNDER 1 YEAR IF UNDER 24 HRS. 6. COLOR OR RACE 17. MARRIED NEVER MARRIED B. DATE OF BIRTH MALE W DOWED Y DIVORCED 1876 85 100 USUAL OCCUPATION IG Ve kind of work 1 10b. K ND OF BUSINESS OR NOUSTRY 11. BIRTHPLACE County & State, or fo 12. CITIZEN OF WHAT COUNTRY? country) геттоме done during most of working life, even if retired) arm Retired Farmer U-S-A-13 FATHER'S NAME JOHN WHITACRE MARY SIRBAUGH affen 15. WAS DECEASED EVER N.U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 1 17. INFORMANT Address [Yes, no, or unkown) (If yesq vewer or detes of service) Cumb. Md. 1300 Lexington Ave 18 CAUSE OF DEATH [Enter only one cate par I ne for (e), (b), and (c)] ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Signed DUE TO geve rise to immediate cause DUE TO (a), steting the underlying PART I. OTHER SIGNIF CANT CONDIT ONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1.811 19. WAS AUTOPSY PERFORMED? NO 20e, ACC DENT WAS JNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTHEY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURED (Enter neture of niury in Part I or Part II of Item 18.) 20d. INJURY OCCURRED 20e. PLACE OF INJURY [Home, ferm, 201. (City or fown) (County) (State) 20c. TIME OF INJURY Month, Day, Year factory, street, off ce bldg., etc.) While Not While Hour e.m. at work - of work ŏ DIRECTOR: plnods , and that death occure 22.10 . M from the causes and on the date stated above 22b. DATE 22m SIGNA **ATTENDING** STAFF SIGNED DIRECTOR PHYS. PHYS. 22d. ADDRESS J.WILLIAMS 122 S. CENTRE ST., CUMBERLAND, MD. HOSP ath. S FUNY 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) 238 SURIAL, CREMATION, 23b. DATE THEREOF Burial 0.5 8 Near Ridgeley, W. Va. Abe. Cemeterv 25e. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** VR A15 (4) Cumberland, L. George Charles Md. DATAUG 1 4 '61 Circling L. Krous 15M 9/60

AARYLAND STATE DEPARTMENT OF HEALTH



VR A1S (4) 1SM 9/59 MARYLAND STATE DEPARTMENT OF HEALTH

BY 02 CERTIFICATE OF DEATH

08696

	, PLACE OF DEATH		2. USUAL RESIDENCE (When	re deceased lived. If institutio	n: Residence befare admission)				
	Allegany	MATTANI	Maryland	b. COUNTY	Allegany				
-	b. CITY OR TOWN (If autside carporate limits, write RURAL and give negret town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town)						
	RURAL and also nearest fown) Midiand		X Midlar	nd					
	d. NAME OF HOSPITAL (If not in hospital, give street add OR INSTITUTION	dress)	d. STREET ADDRESS		e. IS RESIDENCE				
	OK INSTITUTION		1		ON A FARM? YES NO TO				
Ī	NAME OF First	Middle	Last	4, DATE Mant	h Doy Year				
	(Type or print) JAMES DEV	WEY WI	LLIAMS	DEATH 8/8/19	/				
3		D A NEVER MARRIED	B. DATE OF BIRTH		IF UNDER I YEAR IF UNDER 24 HRS.				
	Male White WIDOWED	DIVORCED	12/23/1898	last birthday) 62 yrs	Manths Days Haurs Min,				
	0a. USUAL OCCUPATION (Give kind of work done 10b. KII dycing mast of warking life, even if retired).	ND OF BUSINESS OR INDUS	STRY 11. BIRTHPLACE (State as	fareign country)	12. CITIZEN OF WHAT COUNTRY?				
	State Road Engineer	r	Ocean	, MD.	U.S.A.				
ī	3. FATHER'S NAME		14. MOTHER'S MAIDEN NA	ME					
1	George Williams	S	Elizabet	h Walters					
圷	S. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SO (If yes, give war or dates of service, D 7 J.		IFORMANT	Addre	255				
	214	-07-1517 M	r. James E.	Williams,	Midland, MD.				
ľ	18. CAUSE OF DEATH [Enter only one cause per line	for (o), (b), and (c).]	(SON)		INTERVAL BETWEEN ONSET AND DEATH				
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	pronous	Thiom	iosis	21) >20				
	/ DUE TO	1	- 0	1					
	Canditions, if any, which	Oronden	SNIOIA	211	,				
	gove rise to immediate DUE TO								
	lying couse last. (c)								
		NTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMIN	AL DISEASE CONDITION GIVE	N IN PART 1(a) 19. WAS AUTOPSY				
	PART II OTHER SIGNIFICANT CONDITIONS CONDITI				PERFORMED? YES NO				
	200. ACCIDENT WAS UNDERLYING 20b. DESCRI	BE HOW INJURY OCCURRE	D. (Enter nature of injury in Po	rt 1 ar Part II of Item 18.)					
		t	ACE OF INJURY (Hame, farm, tary, street, affice bldg., etc.)	20f. (City ar town)	(County) (State)				
	Haur o. m. While of work	PAUL WILLIE	Joseph Moor, arrive blogg, elect						
	21 I certify that (1) (this haspital) attended	d the deceased fram.	aug 8 186	1, 10 aug 8	_, 196/, that (I) (we) last				
	saw the deceased alive on Tune 3			From the causes and	d an the date stated above.				
	22a SIGNATURE			-	22b. DATE SIGNED				
	1150111CLa	al	M.D PHYS. DIRE	CTOR A PHYS.	Jug 87961				
	22c PHYSICIAN'S NAME (Type)	9 /	22d. ADDRESS	DE C	n. 1/01/01				
	10011171	ment	The start	puly 1	NA				
		23c. NAME OF CEMETERY O	R CREMATORY 2	3d. LOCATION (City, tawn, a	r couplty) (State)				
	Burial 8/10/1961	Memorial Pa	ark	Frostbur	o MD.				
1	4, FUNERAL DIRECTOR'S SIGNATURE	ADDRESS		BY REGISTRAR 256 REGIS	TRAR'S SIGNATURE				
	GEORGE EICHHORN	LONACONING	MD DATE AU	11 '61 Ch	thun S. Kinna				



ompletel d in by the funeral company of papers. Ages I and 2 should it, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within 24 hours after a death. Part 4 may be retained by the hospital or attending physician. TO FUNK. DIRECTOR: I this certificate has been signed by the altending physician are empleted in by the funeral director, page 3 should be defected for use as the burial-transit permit. Then please remove can papers. Tages I and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in approvent, within 72 hours after death.

15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

		WWW I FWI	IN SIMIL	PEPARI	MENT OF	REMARKS	**	
DIVISION	OF STATISTICAL	RESEARCH	AND RECOR	RDS, 301 V	V. PRESTON	STREET,	BALTIMORE 1, A	MARYLAND
	3/03	T4 C	ERTIFICA	ATE OF	DEATH		BALTIMORE 1, A	11001

3	Item Film G29	e OF DEATH	18697						
1	1. PLACE OF DEATH e. COUNTY	2. USUAL RESIDENCE (Where decessed lived, if institution, Re	esidence before edmission)						
	ALLEGANY MARYLAND	MARYLAND 6. COUNTY ALL	EGANY						
4	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporete limits, write RURAL end	give neerest town)						
	CUMBERLAND I DAY	CUMBERLAND							
1	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress) MEMORIAL HOSPITAL	d. STREET ADDRESS	o. IS RESIDENCE ON A FARM?						
-	WARWICK & MEMORIAL AVENUES	320 SCHLEY STREET	YES NO X						
	3. NAME OF First Middle DECEASED	Lest 4. DATE Month OF	Day Year						
	(Type or print) WILBUR 5. SEX 16. COLOR OR RACE IX HARDES THE HARDES IN A RACE IX	WILSON DEATH AUGUST	20, 1961 YEAR IF UNDER 24 HRS.						
	MARKIED MEYER MARKIED	9. AGE (In yeers F UNDER 1	Peys Hours Min.						
	MALE WHITE WIDOWED DIVORCED 100. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSHNESS OR INDUSTR	SEBT. 3, 1881 > 7777 yrs.	ZEN OF WHAT COUNTRY?						
1	dane during met of working life, even if retired								
	13. FATHER'S NAME	PAW PAW W. VA.	J. S. A.						
	OLIVER WILSON	5 Te							
		INFORMANT Address							
	(Yes, m. or unkown) [(If yes give wer or detes of service)	MEMORIAL HOSPITAL - CUMBERLAND.	MD						
	18. CAUSE OF DEATH [Enfer only one ceuse per line for (e), (b), end (c).]	MEMORIAL HOSPITAL - COMDERENTO,	I INTERVAL BETWEEN						
	PART I. DEATH WAS CAUSED BY:	ılar failure	instant						
	HAMPOIATE CAUSE (e) ACUTE TELL VEHICLES	ALUI AUGUME	2110 00110						
	Conditions, if eny, which \ (b) acute posterior myocardial infarction 24 hrs.								
	geve rise to immediate cause								
	(e), stelling the underlying cause lest. (c) myocardial fibrosi	?							
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO 206. ACCIDENT WAS UNDERLYING 206. DESCRIBE HOW INJURY OCCURED OR CONTRIBUTING CAUSE OF DEATH OF THERE, NOTIFY MEDICAL EXAMINER)		YES NO 3						
A	20e. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED	. (Enter neture of injury in Pert I or Pert II of item 18.)	,						
	,								
	6	CE OF INJURY (Home, ferm, 20f. (City or lown) (Courtory, street, office bldg., etc.)	ly) (Stete)						
	Hour e.m. While Not While p.m. 19 et work et work	or, since stage, sie,							
	21. I certify that (I) (this hospital) attended the deceased from.	January 30, 1961, to August 20, 16	that (i) (we) last						
	saw the deceased alive on August 19, 161, and that	death occured at 9:00A Mom the causes and on the	ne date stated above.						
	22e. SIGNATUTE	ATTENDING MED STAFF	22b. DATE SIGNED						
		I.D. PHYS. DIRECTOR PHYS.							
	22c. PHYSICIAN'S NAME (Type)	22d. ADDRESS	n 10						
	DR. SAMUEL M. JACOBSON	50 PERSHING ST., CUMBERLAN							
	230 BURIAL, CREMATICAL 236. DATE THEREOF, 230 NAME OF CEMETERY	OR CREMATORY 23d LOCATION (City, town of county	O VISTER O						
1	Durial 8/22/61 Pose Hill	250. REC'D B REGISTRAR 25b. REGISTRAR'S S	ICHATURE						
-	24 FUNERAL DIRECTOR'S SIGNATURE APPRESS	DATE AUG 2 3 '61 Conthur L.							
1	James seen soc remo	DATE NOW Z 3							

1 S A STATE OF THE STA 1431 017784971 MINED TO S Y20 1 CHEERLAND THENTE YEAR OUR THE RESTRICT OF THE PARTY OF TH NO THE SEASON BURN E . 1893 . T. 1893 31 IH4/ PAN THE WAY DE OFFICE STATES AND SERVED OF 201 105 to confined the property of the property of the property of _1 _ 0.000 ; eV HOSTOZAL W CORRES (V) .DI COMUESTANO C. TO THINKE C a the water thanks of e funeral director, should be filled with

filled in

may be retained by the hospital ar attending physician.

D FUNERAL ECTOR: After this difficate has been signed by the ottending physician and complete page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon papers, the State Board of Health prior to burial, cremation, or remaval, and in any event, within 72 hours after

H

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

nonno

g. COUNTY	Allegany	-	MARYL		usual residence (Wi o. STATE Mary1		b. COUNTY			ssion)
RURAL and give ne	arest fawn)	ts, write			12			URAL and giv	re nearest tax	m)
d. NAME OF HOSPITA		ive street				mpor	t		e, IS RE	SIDENCE A FARM?
	any Count	y Ir	firmary		114 W	ood_S	treet			NOVE
DECEASED	_	_	Middle		lost	4. DATE OF DEATH			Day	Year
			Le NEVER MARRIE	N 8. 0	11	1	9. AGE (in years			1961 DER 24 HRS.
	White				/30/1896		last birthday)	Months [ays Haurs	Min.
0a. USUAL OCCUPATIO during mast af wark	N (Give kind of work o	dane 10b.	KIND OF BUSINESS OF	INDUSTRY						
	Railroad	Engi	ineer]1			ıd	∪.	S. A.	•
Ja	mes Alexa	nder	Wilt		Sarah Fr	ances	Foutz			
S. WAS DECEASED EVER	R IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO.	17. INFO	MANT P.O.BO	x 599	Adde			
NO				All	egany Cou	inty I	nfirmar	y rec		
		use per lie	ne far (a), (b), and (c)	0:	11 5	1	2			
1100	IMMEDIATE CAUSE (a		10conce	les,	ann. Se	reek	e			
Canditions if a	,	101	Texis Se	Red	win Se	wil	0			
gave rise to in	nmediate Que TO	- 0	2	. 1	2 1 2	1 1	^ .			
lying cause last.) (c	, le	retral	ap	pleyy	lefts	Mercel	280 164		
PART II. OTH	IER SIGNIFICANT CON	DITIONS	CONTRIBUTING TO DEA	TH BUT NO	T RELATED TO THE TERM	INAL DISEASE	E CONDITION OIV	EN ME PART	PERF	ORMED?
200. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	CAUSE OF DEATH	20b. DES	CRIBE HOW INJURY OC	CURRED. (I	inter nature of injury in	Part I ar Part	I II of item 18.)			1
20c. TIME OF INJURY	Y Manth, Day, Yes	While	Nat while				or tawn)	(Co	iunty)	(State)
	t (1) (this hospital			from 7	25/61 19	8	/20/61	19	_, that (I)	(we) last
	9/1	9/6]		T) 0.4"						
220. SIGNATURE	D A 7	2 1 4	1000		ATTENDING M	NED.	STAFF		2	SIGNED
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NAME (Type)	Dr. Lee	В.	Mathews							
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F. 5 720	el	We	sternpor	+ W	C, DATE	WG 23	61	Lillian . I.	Tirales	
	b. CITY OR TOWN (IF RURAL and give ne Cumbod, NAME OF HOSPIT, OR INSTITUTION Alleg: NAME OF DECEASED (Type ar print) is. SEX Male Oo. USUAL OCCUPATION during mast of work Retired: 3. FATHER'S NAME Jau S. WAS DECEASED EVER Yes, or onknown) 18. CAUSE OF DEA PART I. DEA Conditions, if or gave rise to it couse (a), stoling lying cause lost. PART II. OTH 20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY) 20c. TIME OF INJUR Hour a.m. p.m. 21. I certify the saw the decease 22a. SIGNATURE 22c. PHYSICIAN'S NAME (Type)	b. CITY OR TOWN (if outside carporate liming RURAL and give macrest tawn) Cumberiand d. NAME OF HOSPITAL (if not in hospital, gor INSTITUTION Allegany Count NAME OF DECEASED (Type or print) S. SEX 6. COLOR OR RACE White Oa. USUAL OCCUPATION (Give kind of work of during mast of working life, even if retired) Retired: Railroad 3. FATHER'S NAME James Alexa S. WAS DECEASED EVER IN U. S. ARMED FOR (If yes, give war or dote of a new part in Death Was Caused by Immediate Cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CON 19 20a. ACCIDENT WAS UNDERLYING COR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Yes Hour a. m. p. m. 21. I certify that (1) (this hospital saw the deceased alive and 12 22c. SIGNATURE 22c. PHYSICIAN'S NAME (Type) Dr. Lee 23a. BURIAL, CREMATION 23b. DATE THEREO REMOVAL (Specify) 23b. DATE THEREO 23c. BURIAL, CREMATION 23b. DATE THEREO REMOVAL (Specify) 23d. DATE THEREO	b. CITY OR TOWN (If outside carporate limits, write RURAL and give neorast faven) CUMBETIANA d. NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION Allegany County IT NAME OF DECEASED (Type or print) Jacob i. SEX 6. COLOR OR RACE WIDOW Od. USUAL OCCUPATION (Give kind of work dane during most of working life, even if retired) Retired: Railroad Eng: 3. FATHER'S NAME James Alexandes S. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give were or defee of service) 18. CAUSE OF DEATH [Enter only one cause per limits of the print of th	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest faven) Cumberland d. NAME OF HOSPITAL (if not in hospital, give street address) OR INSTITUTION Allegany County Infirmary NAME OF DECEASED (Type or print) S. SEX 6. COLOR OR RACE White Widowed Divorced Od. USUAL OCCUPATION (Give kind of work done during mast of working life, even if retired) Railroad Brigineer 3. FATHER'S NAME James Alexander Wilt S. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 18. CAUSE OF DEATH [Enter anly ane cause per line far (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) LIMITAL CAUSE OF DEATH (b) Canditions, if any, which gave rise to immediate couse (a), storing the under. Lying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEA 20a. ACCIDENT WAS UNDERLYING DOR CONTRIBUTING TO DEA CONTRIBUTING CAUSE OF DEATH (IF ETHER, NOTIPY Medical EXAMINER) 21. I certify that (1) (this hospital) attended the deceased of work at white of work at whit	b. CITY OR TOWN (if outside carporate limits, write RURAL and give nearest favn) Cumberland d. 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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be ref. VR A1S (4) 15M 9/59

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